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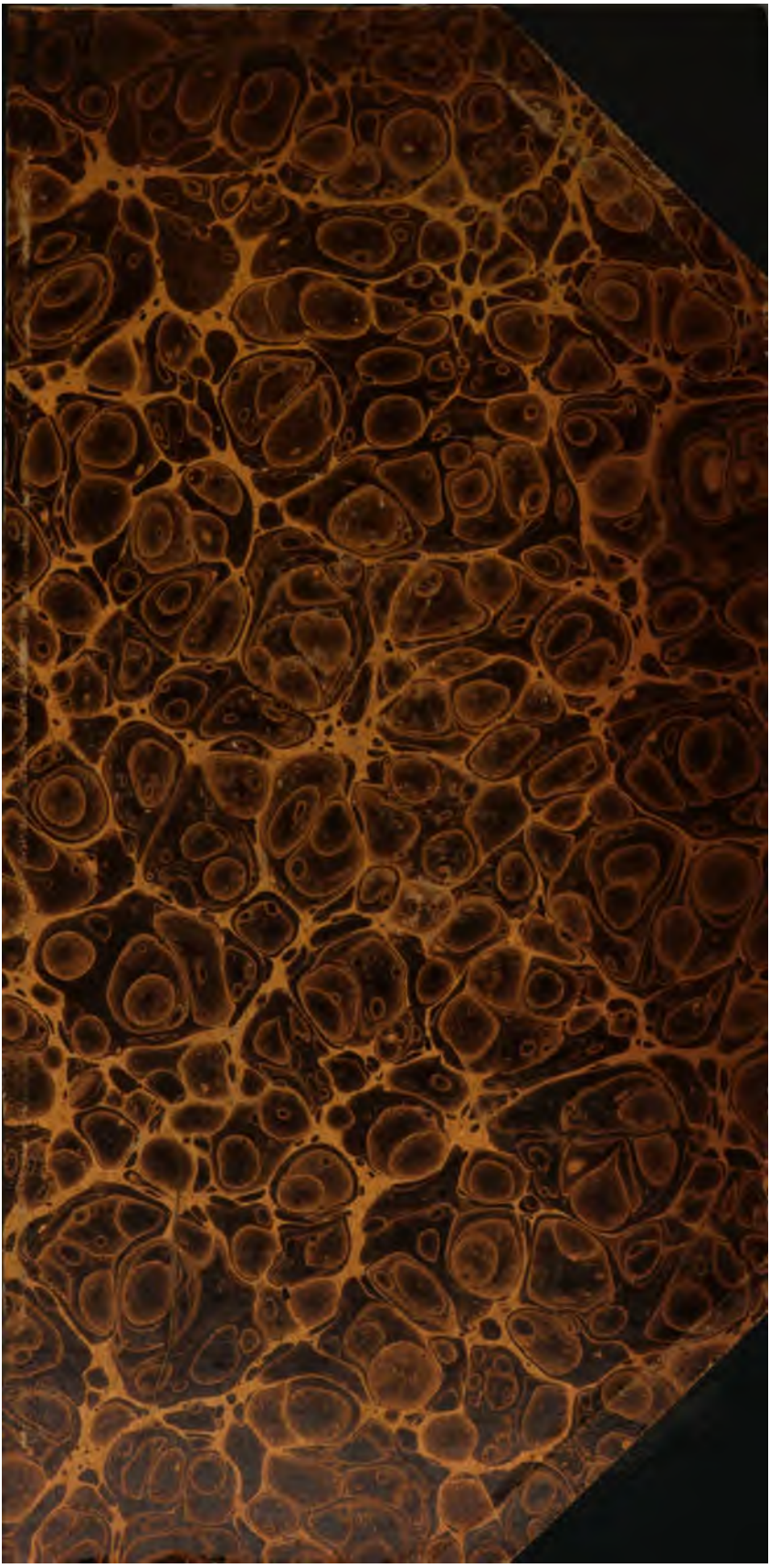

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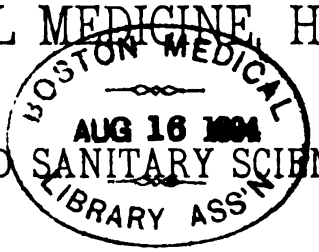

AND SANITARY SCIENCE.

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ORIGINAL COMMUNICATIONS.

Shorthand Therapeutics—Puerperal Septicæmia. By J. R. Borland, M.D., Franklin, Pa.

This disease, as the name implies, is incident to child-birth, and I venture the assertion that one-half of those who die in child-bed are carried off by septicæmia. Its causes are quite well known, and need not be enumerated here, but I regret to say that a successful treatment is not known to a large majority of the physicians of to-day, outside of the Eclectic ranks, nor do all of them understand how to treat it successfully. Therefore, I will present a typical case that came under my observation some eighteen months ago, when on my way to a distant town, I was met on the cars at Sandy Lake by a physician, who said he desired me to stop off and see a patient he had a mile from the place. Upon promising to drive me to Mercer, my destination, twelve miles further, in time for an arbitration in which an Eclectic physician was concerned, I consented.

On our way he gave me the following history of the case: "The patient had an abortion a week ago, at eight months term, and was delivered of a dead fœtus. An Allopath attended her at the time, and up till yesterday, when I was called and found her tongue thickly covered with a yellow coat and red base, vomiting almost constantly a bilious looking, bitter tasting matter, pains in stomach and soreness of the bowels, body and limbs covered with a light scarlet rash. I fear she has scarlet fever. I prescribed white liquid physic to arrest the vomiting, and aconite and ver. vir. for the fever, and had fomentations applied to the bowels. The vomiting ceased upon administering the first dose of the acid mixture, and she has

not vomited since; the fever and temperature have gone down somewhat, and she seems a little better than when I was first called."

I replied: "Doctor, you have a case of puerperal septicæmia, not scarlatina."

Upon seeing the patient I found the symptoms as described, and an intolerable cadaveric odor pervading the apartment, which I had no doubt was produced by the vaginal excretions.

We continued the acid mixture and sedative with the addition of baptisia, to the last; also, put her on the hydrastis comp., (a mixture of pot. chlo., hydrastis, sanguinaria and carrophyllum), and left the further consideration for after night. The doctor drove me to Mercer, where I assisted my Eclectic friend to gain his suit; and upon our return in the evening we visited the patient, found her somewhat improved. Having fully discussed the case and the treatment in all their bearings, we put her upon macrotys, aconite and baptisia, in place of the former sedative, continued the acid mixture and hydrastis comp., ordered copious vaginal injections of brom. chloralum with decoction of baptisia and boracic acid added, bowels to be kept open with olive oil, and hot fomentations to be kept on the bowels. The doctor carried out the treatment to the letter, and in ten days the woman was well. Our Allopathic friends lose many such cases, first, by *not knowing what to do!* second, by *not doing it in time.*

I have no doubt, had the former physician been continued, the woman would have died. I wish to call the attention of young physicians to the error of mistaking puerperal eruption for scarlatina, and to another fact, that when vitality is low *there may be septicæmia without an eruption.* The eruption is nature's effort to eliminate the poisonous matter. In such cases I would be guided somewhat by the history of the case, but more *by the conditions as denoted by the symptoms.*

1st. If there be high temperature with fever, verat. vir., gelsem, aconite or bell., as indicated.

2d. If yellow tongue with red base (typical in septicæmia), acids, as white liquid physic, lemonade, or wine vinegar as indicated.

3d. Among the antiseptics are chlorate pot., tr. ferri mur, baptisia, sul. zinc. and listerin to select from.

4th. Vaginal washes of pot. chlo., zinc sulph., acid boracic, brom. chlo., listerin, baptisia, or soda bath, should be freely used, *quite hot*, and in bad cases I would have no hesitation in throwing them into the uterine cavity. In case the tongue be coated white (which in this disease is seldom), I would administer alkalies, as penr. cor., spts. am. ar., and be *chary of sedatives*, as you may nearly always associate a low vitality with a white coated tongue.

Remember, it is *elimination, elimination, elimination*, we want here, by all the natural outlets, and promptness in the use of well adapted remedies to secure success.

A Few Strictures on the Practice of our Brethren of the Ill-smelling Saddle-bags, or the Self-styled and So-called "Regulars." By M. F. Dumas.

Typhoid and Typho-Malarial Fevers.—We may pick up a dozen or more "regular" journals and we will find very much written and more talk about typhoid fever than of any other disease, (except right at this time there is more "tomfoolery" about cholera and the so-called cholera bacteri, and Koch's cholera comma—which I will wager one hundred dollars that I can swallow a quart of them within twenty-four hours and escape from all symptoms of cholera, unless I might, perhaps, have a little nausea produced, about as much as would be from swallowing any other decaying fibrine.) I do think our Allopathic brothers are the most susceptible set of "damphools" to monomania of any set I ever saw or read after. And yet it amounts to *nihil*, practically, or that any better results are obtained from the many varied and specific treatments constantly introduced to the notice of the profession, than ensued from their practice one hundred years ago.

One prominent professor in some "regular" college will tell you that quinine in heroic doses will cure. Another says salicylate of sodium will do the work. Another says: "D——n it, give them calomel, and if fever comes higher, give them nitrous ether and antimony, and blister." Another says: "I want nothing but ergot in my cases." Another says belladonna is the Sampson. Another old fellow, who has "slain his thousands" with his calomel, antimony, quinine and blisters, has

come to the conclusion that the fever must run so long, and all medication of every kind is injurious, and nothing is required but an occasional purge of castor oil and turpentine, (enough to kill a sick horse). Still another says: 'Give opium, quinine and whisky, but don't purge." Another depends upon sponging with ice water and quinine internally—during the rise of the *temperature*—it will not do to give the quinine during the approach towards a remission, or when the temperature is lowering, for it will prove depressing, and the patient may sink, etc., etc. Now, these are the scientific (?) gentlemen who cry for laws to "regulate the practice of medicine and surgery in the State of ———." Well, let them regulate their practice first. Who of us has not seen case after case of typhoid fever treated with the special sedatives, in minute doses, as indicated: baptisia and hydrochloric acid, butter milk diet, sponging with tepid water, ice and ice water, and mucilaginous drinks, a small dose of leptandrin in neutralizing cordial occasionally to remove the morbid secretions constantly accumulating, with perhaps an occasional enema to assist the torpid bowels, greased cloth sprinkled with the com. pulvis lobelia to the chest to allay bronchial irritation when this complication ensues, and the same, or some good chloroform liniment to the tender abdomen when present, followed with warm fomentations, or the peach and mush poultice, a little sub. nit. bismuth and diaphoretic powders; when diarrhœa presented, a little acetate potass. and nux, when required, to assist the kidneys, and increase thier action; a little bell. or ergot to relieve congestion of nerve centres, when present; a little bromid. potass. and gelseminum for insomnia and restlessness, jactitation and determination, etc., progress nicely to convalescence? When the family and meddling friends become uneasy, through their infernal ignorance, at the long sickness, and call in one of the slack-pant "regulars," who makes his debut in a pompous manner, and, after examining the patient in the same pompous and scientific (?) manner, clears his throat, spits, shades his empty cranium and remarks: "The patient is doing very well, and shows signs of convalescence, but I have had considerable experience with this disease, and it is a very treacherous disease, and is liable to relapse at any time, and to prevent such an unfortunate occurrence, we must give this pa-

tient two or three grains of hydrarg. chlo. mit. every six hours, and should fever come up again, then he must have the nitrous powder or the neutral mixture with a *little antimony* to subdue it." Well, we may differ with them, reason with them; but fail to make him see the point, so we retire from the case completely disgusted, and the plug hat scientific (?) gentleman takes charge of the case. He administers his letheferous powders, etc. Here comes the expected fever (mercurial fever), antimonial mixture is fired into the patient to control the fever, a tender and tympanitic abdomen follows, an 8x10 blister plaster is clapped on to abate the inflammation ensuing from the mercury and antimony, but fails to do it. Then translation from the abdomen to the head takes place, and the head is shaved and another fly-plaster is clapped to the head and nape of the neck, but fails to save the brain or control reason, and the poor patient sinks under a dysenteric diarrhœa—murdered by a scientific "regular" quack. The idiotic Christian friend says: "It's the Lord's will, and blessed be the name of the Lord," when they are taken this way. The scientific (?) gentleman says: "Oh, ah, I told you this was a very treacherous fever, and if my treatment had been adopted ten days earlier, the patient would have recovered; but when I took charge of the case he was too weak; his strength was too far exhausted to recover," etc. Query—The so-called "regular" adopted a nice plan of treatment to husband the patient's strength, did he not?

Now, this picture is not overdrawn nor far fetched. I have retired from cases time and again, just under such circumstances, completely disgusted with the ignorance of the consulting physician, when the patient was actually convalescent; when the temperature has gradually come down of mornings from 103½ to commence with, to 99½ and 98 (normal), and from 106 of evenings to 101½ and 100. I never would sanction any such treatment in order to hold the "fort," but invariably retire. (Of late years there is hardly ever any counsel required by my patrons.)

Another thing: These so-called "regulars" fail to distinguish typho-malarial (continued fever, partaking of malarial influence and typhoid tendency, caused from a sceptic condition of the blood), fever and typhoid fever. Every case of

typho-malarial they treat, if it recovers, it is typhoid; if any bronchial irritation accompanied it, it was "typhoid pneumonia;" if they lose a case, which they often do, it was "pernicious fever"—"set up as a complication with typhoid fever." Every case with a determination to the nerve center, it is "meningitis, or cerebro-spinal meningitis." Every case of fever among children, with congestion of the nerve centres, it is "inflammation of the brain and a very doubtful case."

These same scientific "regulars" are now advocating "huge" poisonous doses of calomel and corrosive sublimate for diptheria and membranous croup. They say that, "If a physician treats a case without using these poisons, and the case dies, the physician has not done his duty," notwithstanding, according to their own testimony, two-thirds of their cases, treated thus, die. These are the men who are asking for laws to "regulate the practice of medicine," and a few mongrel Eclectics, who "don't use calomel often, but now and then find 'bilious cases' that have to use it—merely to be fashionable and be respected by the calomelites," are joining in with our enemies, the self-constituted "regulars," and demand medical legislation. To such men I say: Why don't you go over to the enemy at once? Why do you preach one thing and practice another? Eclecticism is and always has been opposed to medical legislation. We prefer that each school of medicine have an equal show among the people, and rise or fall, as the case may be, on merit alone. A system of medicine which has to be supported, fostered or backed up by the law, and forced upon the people, is not worthy of patronage, and should not be supported. To those who claim to be Eclectics and join hands with Allopaths in demanding legislation on medicine, we say, get from among us, we know you not. We do not propose to act the dog, and "return to our vomit." We are a different breed of cats.

Therapeutic Effect of Tobacco. By C. D. Thompson, M.D., Oil City, Pa.

Thinking a few thoughts upon the therapeutic effect of tobacco might be interesting to your readers, I submit the following:

Tobacco is a powerful narcotic and a relaxant to the muscular system. Perhaps I cannot more fully illustrate its influence than by the treatment of the following case, which occurred in 1858 or 1859 in the village of Ceres, in western New York, where I practiced at that time; in fact, I had just located there. The case was that of Mr. A. C., a young single man, perhaps twenty-five or twenty-six years old. He had been sick, I was told, near three months, with typhoid fever.

Perhaps he had been mercurialized. Certainly he could not use his lower limbs, from the knees downward, any more than as though he did not have any. There seemed to be anchylosis of the knee joints, and a contraction of tendons extending to the hip joints, and entire inability to walk or stand upon his limbs, and his most intimate friends said they believed he would always be a cripple, and would never walk; and also said his physician had given him up, and that he had no hopes of his recovery or ever being able to walk or use his lower limbs. Therefore, I was called, it being among my first cases in the town. I would have preferred it had been otherwise at that time. But the people wanted to test me, being of the new school of medicine, and no Eclectic had ever located or practiced in that vicinity. I made the visit and examined the case thoroughly, and reserved my decision until the next day. I studied upon the therapeutic value of many different remedies, but finally decided upon tobacco as the most reliable remedy externally.

I made my visit the next day and informed my patient and his friends I believed I could cure him in ten or twelve weeks, so he could walk around all right, if he would submit to the treatment. I then procured a pound of the best plug tobacco and steeped it in about four quarts of water and applied it to the whole length of the limbs on cloths as hot as could be borne, changing the cloths as often as cool. I continued this an hour or more with extension, and applied some hickory splints to the posterior part of the limbs from the hip to the heel, and made extension and bandaged tightly, and continued the extension as long as the patient could stand it without fainting away. His limbs were drawn up at an angle of forty-five degrees. The first day I gained by extension about one-third of an inch. This process was continued day after day

for three or four weeks, and anodynes given much of the time to procure rest and relief from pain. I gave him some iron and cinchona three times a day, and beef tea and a nutritious diet. At the end of six weeks the patient could walk around the room with crutches, and in eight weeks walked a short distance down town, with two canes. His limbs were as straight as ever, but a little weak. I now directed my attention to strengthening the limbs by bathing them and rubbing them with alcohol and tinc. capsicum and aqua ammonia. In twelve weeks the patient was well and discharged, cured.

I had never known of a case treated in this way. Knowing the properties of tobacco and the power of extension, and the use of a little common sense enabled me to do the work which resulted in a perfect cure. I am satisfied the man would have been a cripple to-day unless tobacco had been used. Let every Eclectic physician study, test and apply remedies, so he can know his own specific for whatever ill he may be called to treat, because, owing to the method of using a remedy, it may be specific in one man's hands and not in another's.

Enlarged Prostate and Chronic Cystitis.

Recently we attended an old man who was suffering from a severe attack of cystitis, which was engrafted on a chronic cystitis and enlarged prostate. The old symptoms were all intensified, and large quantities of pus, mixed with thick, glassy, ropy mucus, and these streaked with white—the earthy phosphates precipitated from the urine—a great deal of febrile movement, severe pain, tormena and tenseness in the bladder, often severe attacks of retention, then dribbling of urine. The pain in the small of the back and over the pubis was intense, and with loss of sleep came loss of appetite and very bad digestion.

A finger introduced into the rectum revealed an enormous prostate, which was very sensitive to the touch. Beside was also detected a sacculated condition of the bladder, which was full of urine. The urethra was exceedingly tender, and every attempt to introduce a catheter caused such intense pain and spasm of the canal the operation was found impractical. To empty the bladder was the first thing in order, to effect which

required more aid than we had. The muriate of cocaine was suggested as being eminently useful in this case, because we wanted to bring about a profound anæsthetic impression on the mucous membrane of the urethra to allow the catheter to pass into the bladder. A soft velvet catheter was filled with a 4 per cent. solution of the medicament, and the instrument thus charged carefully introduced into the urethra. As it advanced a syringe full of the fluid was carefully attached by its nozzle to the aperture of the catheter, and then the piston was gently and slowly pushed down, so as to force the fluid into the urethra. As soon as the fluid touched the mucous membrane of the urethra, a wonderful change was wrought on its vital state; it became insensitive to the pressure of the catheter. The latter was pushed on slowly, and as it advanced the mucous membrane was irrigated with the cocaine fluid. As the catheter advanced the urethra seemed to become perfectly free and open, so that when the instrument reached the prostate it easily glided over the gland and was into the bladder as slick as you could want it. The use of this medicament will grow in popularity day by day in the treatment of all diseases of mucous membranes, to which it is so eminently adapted on account of the soothing and anæsthetic influence it has upon the vital endowments of this tissue.

More than a quart of highly ammoniacal urine, mixed with a large quantity of pus and pussy mucus, and thick albuminous looking mucus, mixed with earthy phosphates. The next thing to be done was to clean the bladder out. Now we must call attention to the highly sensitive state of the coats of the organ when suffering from cystitis, even of the chronic form. Besides this state of things, there are always present patche of ulceration, and the ends of the nerves are thus exposed, which provokes so often such agonizing tormena and tenesmus of the organ. But cleaning out the bladder is a matter of prime importance in treating the bladder affections of old men suffering at the same time from enlarged prostate.

In cleaning the bladder we have always adopted Mr. Thomas Bryant's method.

After the urine is drawn off, a piece of rubber tubing several feet in length is at one end attached to the catheter; the other end is attached to a glass tube three or four inches long, which

is inserted into a stout cork; the cork is fitted into the mouth of a bottle.

Into the bottle we pour 4 or 6 f. 3s. of the following fluid: ℞—Boric acid. 3i; refined borax, 3ss; fl. ex. bellad. 3i; fl. ext. stramonium, 3ii; decoction of quassia, 3xll. M.

Now elevate the bottle with the cork downward, and the fluid will pass along the rubber tube to the bladder; then lower the bottle with the cork end uppermost, and the fluid will run out of the bladder into the bottle. The contrivance is used as a siphon to wash out the bladder, which it does most effectually.

The fluid should be changed two or three times in all bad cases, at each working, so as to ensure a thorough cleansing of the viscus.

There is much to be gained by this antiseptic washing out of the bladder. The fluid should be moderately warm—not over 95° nor under 90° F. When the pain is very severe, a suppository of opium, solid ext. of bellad., and mutton tallow very slightly tempered with oil, and introduced into the rectum at night. At times it will be found advisable to give a hypodermic injection of fluid ergot and atropine. This combination dose exercises a very salutary influence on the vessels and nerves of the mucous coat of the bladder, and relieves pain. It is of the greatest importance to relieve pain and procure rest and sleep, for without them appetite and digestion will be wanting and your patient will gradually grow worse.

It is also good practice to throw a small portion of the 4 per cent. muriate of cocaine in the bladder after washing it out to anæsthetise the mucous membrane and procure rest. In those cases of enlarged prostate attended with highly sensitive and painful urethra and bladder, the cocaine muriate becomes a great boon, because we are enabled to apply local treatment for the cure of cystitis.

Boric acid we have found the best and most soothing local application to all inflamed mucous membranes. It always acts well on the bladder, but it is needful that some agent with the cocaine be added to anæsthetize the sensitive tissues. We have found a decoction of quassia the best menstruum ever used to dissolve the boric acid in, because it has a decided sedative influence on mucous membranes, and exercises a very tonic effect on them. It is, in our experience, a valuable local remedy in

skin diseases, in opthalmia and leucorrhœa. We prefer it to anything else to wash the bladder out with in these cases.

The frequency of the repetition of the washing will be determined by the nature of the case and the severity of the symptoms. For the first few days it should be done at least twice during the day and once during the night.

The patient should be taught to introduce the catheter for himself, and to do the washing with the help of his friends. The night washing is of great importance in those cases where there is considerable inflammation and ulceration of the bladder, which is accompanied by the pus, glassy mucous and white sand and great tormena.

At night the rectal suppository is of undoubted value—one made of powdered opium, 3i; solid ext. bella., 3ss; beef tallow, 3i; sweet oil, 10 or 11 drops. Melt the tallow and the medicament, and form into to 20 suppositories. The tallow slowly dissolves and liberates the drugs, which spread over the mucous membrane of the rectum, and produce their soothing effect. Cocoa butter is preferred by nearly all authors for making the suppository, but we do not think it is as good as fresh, sweet tallow nicely tempered down with oil. Permangenate of potash, highly diluted—four or five grains to the pint of water and used warm as a wash out for the bladder. We have obtoined very striking results from this weak solution of the salt in the worst form of virulent catarrh of the bladder. If used strong the solution will be sure to irritate the sensitive mucous coat and cause pain.

When tormena and tenesmus are very severe, a small injection of laudanum and belladonna, mixed with glycerine and water, thrown up the rectum at night, often procures prompt and great relief and promotes sleep.

The catheter should never be introduced when the urethra is irritable or sensitive without first irrigating this canal with a solution of cocaine as the only protection against injury to parts and avoidance of shock to the nervous system that so often follows painful catheterization. These shocks not only prostrate the whole system and destroy the assimilating power, but they, by relaxation, throw additional diseased action on the already diseased viscus.

Internal treatment is of great importance in these cases,

though not of such altogether superior value as is claimed for it by many writers on this topic. Before we had the great value of rus aromatica put before us, we used to resort to the infusion cuckle-burr, from which we obtained valuable benefit. It is, we think, equal to the rus aromatica. This latter medicament has obtained a widspread reputation in the treatment of bladder affections, and deservingly so. There is a vast quantity of worthless trash on the market, and much of the complaint from disappointment in the use of the remedy comes from this cause. A good tincture or fl. ex. of the rus arom. will give good returns in nearly every case of this disease. The dose should be 20 minims every three or four hours, in some infusion of sassafras bark. We have found this bark in decoction to be of great value in bladder and kidney affections, so we order it to be drank warm in good large quantities during the day. It clears up the urine and increases the quantity while the acidity is diminished.

The fl. ex. of corn silk is another remedy of undoubted value in all the catarrhal affections of the whole mucous tracts, and of the bladder in particular. We order it in doses of 3ss. to 3i. in the decoction of sassafras bark, and repeated at intervals of two or three hours. It has a most soothing effect on the mucous coat of the bladder, and allays the irritation of the nerves and vascular tissues that supply the mucous membrane; besides this, we think that the remedy has in some way a peculiar anæsthetic influence on the histological elements of the mucous tissue.

There is a great point to be gained in making the urine alkaline, or nearly so. All alkaline remedies, like soda and potash, tend to impair the appetite, and gastric digestion, and are on this account ruled out. But we have a splendid remedy in the cream of tartar that will make the urine alkaline and increase its quantity, and keep the bowels soluble and inflict no damage on the digestive powers. We therefore order 3iii. of cream of tartar dissolved in a pint of water and taken during the day. We have many years used the cream of tartar in all bladder and kidney diseases, and experience increases our confidence in it. Rochelle salts answers a very good purpose for making the urine alkaline and increasing its daily quantity, and keeping the bowels slightly soluble. This salt has also a

fine sedative effect on mucous membranes when given in moderate doses of 3ss. three or four times a day, dissolved in four or six ounces of water. Salycilic acid made from winter green and in combination with potassium carb. in doses of five to six grains of the acid so combined, has a decided action on the track, and has served us well in bladder affections of old men. It should be known that stillingia is a fine remedy in bladder and kidney affections, its action being somewhat like rus aromatica, and we think equally as soothing to the mucous membrane. When the catarrh of the bladder is purulent, we are partial to stillingia, and if need be combined with rus arom.

In days of yore we used galium aperine (clevery) in all these cases of bladder affections, in all sexes and ages, with the most gratifying results. It is difficult to account for such good old remedies that have proven of so much solid value going out of use. The galium aperine is as near a specific for all these bladder troubles as one can want, and has proven of particular value in suppurative cystitis of old men who suffer from enlarged prostate.

When a tonic is needed, the use of quinine, iron and strychnine answer well in combination, but it must be remembered that old men with enlarged and irritable prostate gland do not bear quinine kindly; in fact, this remedy frequently acts as a severe irritant on the diseased part and the neck of the bladder. The combination of liquor hydrastis, 3ss.; tinc. nux 3i.; tinct. macrotys, 3iii. M. Sig—20 drops, to be taken in water every three or four hours.

ABSTRACTS.

MACROTIS IN OBSTETRICAL PRACTICE.—Dr. J. C. Kilgour writes to the ECLECTIC MEDICAL JOURNAL giving his experience with macrotis in obstetrical practice. He claims for it decidedly valuable properties in shortening the process of labor and promoting easy parturition in women who have been the subjects of lingering and exhausting labors. His practice is to administer the remedy in small doses, as two grains of the first decimal trituration night and morning, beginning seven or eight

days before the expected confinement and continuing until the period of labor is manifested. Adopting this treatment in the case of a lady who had always a long and tedious labor, the result of weakness of the uterine contractions of the abdominal muscles, and on whom he was forced to use the forceps in a previous labor, he was successful in affording her a labor of not more than an hour from the first symptoms till the child was born, and she was so little affected by the parturient process that she felt like getting up the next morning, whereas, her previous labor had not been of less duration than a day and night. Two other cases, the subjects of previous hard and lingering labors which had lasted two days, were afforded expeditious and prosperous confinements in less than one hour after the first symptoms of labor had commenced. He concludes his paper with stating that these doses may cause, sometimes, the head to ache a little, and when it does, the dose should be reduced or given less frequently.

These cases all get up promptly and well, if proper care is used after delivery. The macrotis seems to strengthen the contracting power of the uterus and abdominal muscles, and prepare the way for normal labor.

ERGOT AS A DESTROYER OF CARCINOMA.—Dr. T. B. Mulloy writes to the ECLECTIC MEDICAL JOURNAL of a case of cancer of the mamena, treated locally with pulverized secale cornutum. The ergot was spread thickly on the morbid growth, and it converted it into a slough. The ulcer following the slough was six inches in diameter, but had a healthy base. The patient succumbed to the disease, but the treatment showed the power of ergot to rapidly destroy the morbid growth without attacking the normal tissues. He says the rapidity of the destructive action of the ergot astonished him. In two days he had a dead mass of flesh as big as his two hands. The value of ergot in lupus and epithelioma has been the frequent subject of comment, and its powers to destroy cancerous growths in their early stage and effect a cure may turn out to be valuable.

ADONIS VENERALIS; THE NEW CARDAIC REMEDY.—This remedy, like the convallaria, comes to us from Russia, and like many

of our best remedies, was first used by the common people, as a remedy in dropsy and heart disease. Experiments were first made by Dr. Botken. The experiments were made on both cold-blooded and warm-blooded animals with different preparations of adonis (infusion, and both aqueous and alcoholic extracts), showing that its action is to stimulate both the inhibitory apparatus and motor ganglia of the heart, to increase the contractility of the cardaic muscle, and to cause the contraction of small arteries in different parts of the organism without affecting the vaso-motor center.

Under its influence in cases of dropsy the cardiac contractions increase in force; the pulse becomes less frequent, more regular and fuller; the urinary secretion increases from 200 to 2,000 or 3,000 cubic centimeters, and albumen and casts disappear from the urine.

In cases where the dropsy was due to a disturbance in the compensation and activity of the heart, the remedy acts very satisfactorily. The heart-beat increases in force, and the size of the heart rapidly diminishes; the heart-sounds and murmurs, especially the pre-systolic and systolic, in stenosis, are more marked and distinct. The heart-rythm is more regular and somewhat slower; therefore the pulse is slower, and in most cases the pulse-wave fuller and slower. The urine increases from 300 to 3,000 cm., a tenfold increase of the watery element. All deposits disappear, specific gravity diminishes, and the urine has a very pale color. There is an absolute increase of the chlorides and urates, the body-weight diminishes, and the œdema decreases rapidly; cyanosis and dyspnœa disappear, and respiration becomes full and regular.

In the largest number of cases great relief was experienced at the end of the first day, complaints were less frequent, and in the course of a few days disappeared entirely.

These clinical results were obtained in hospital practice, where the cases were clearly and carefully watched.

It is indicated in cases of (*a*) *Endocarditis*, with *valvulitis*, when the heart-muscles are endeavoring to overcome the valvular obstruction and need the aid of specific remedies to increase the tonicity of those tissues; or (*b*) when there is impending an actual dilation of the heart from a giving way of the muscular fibers. This condition is marked by diminished

force of the heart's action, with lowered blood-pressure everywhere, especially in the kidneys decreasing their functional activity.

It has been found equally potent in secondary heart-disease, following Bright's disease, when we find a diminished action of the heart, pulse irregular or intermitting, passive venous stasis, dropsy, etc. A typical case from these hospital records is as follows: A common laborer, with chronic valvular disease, with dilatation. After the use of adonis the heart diminished in size; the congestion of the lungs well marked, almost disappeared; the œdema of the legs and ascites disappeared entirely; palpitation of the heart and dyspnœa diminished so much that the patient was discharged from the hospital and returned to work.

The dose of adonis, when given in infusion (1 3 of the herb to 12 3 of water), is a tablespoonful every two hours, in severe cases; in chronic, every four hours; of the fluid extract the dose is one to two minims, increasing from 5 to 10 drops.

Adonidin, the active principle, is an amorphous powder of a very bitter taste. Dose, 1-100 or 1 200 of a grain.

By the above it will be seen that adonis is quite similar, if not identical in its action on the heart, to digitalis and convallaria. The symptomatic differences have not yet been brought out by any physiological provings. We can resort to it when, as is often the case, the two medicines above named fail to act favorably or cease to give the patient relief.—E. M. Hale, M. D., *in Medical Era, December*, 1884.

Orthodoxy in Medicine.—The following leading editorial from the columns of the Boston Daily *Globe* is transferred to our columns as a dignified but clear-cutting protest from a secular paper, against the medical despotism now sought to be set up in this state. We fully endorse every word contained therein:

The Massachusetts Medical Society has a bill before the Legislature calling for the establishment of a State Board of Medical Examiners, consisting of nine men, to be appointed by the Governor and Council. Briefly stated, the proposed law would compel every physician, surgeon or dentist in the

State to prove before these Medical Examiners that he is a graduate of some recognized medical college, or, in case he is not such a graduate, to pass an examination which shall be satisfactory to the Board. Applicants for examination must pay a fee of $20 for the privilege. Apothecaries and pharmacists who prescribe for the sick are to be made liable to a heavy penalty, as are all others who fail to comply with the sections of the proposed law.

While the Legislature is about it why not establish commissions for regulating the kind and amount of coffee a citizen shall drink, and for issuing certificates to dealers in kindling wood? If we are to have a paternal government let us not be gingerly about it. We already have commissions for almost everything, and perfect symmetry requires the establishment of a Board without whose certificate it will be illegal to prescribe pennyroyal tea, and a crime to recommend court-plaster for a cut or burn.

The society which petitions for the new law unquestionably contains in its membership many exceedingly able physicians. They agree in thinking that practitioners of the homeopathic school have no merit whatever. Yet what unprejudiced man will say that just as wonderful cures have not been made in one shool as in the other? It makes no difference how the cures have been effected. Grant, for the sake of argument, that the cures made by homeopaths are brought about by imagination on the part of the patient, the medicine being given in such infinitesimal doses as to have the strength of nothing. The fact that the patient recovers from his sickness, and is perfectly satisfied, is sufficient reason why that patient should be permitted to choose his physician without let or hindrance. Again, if a person takes a patent mixture, or any one of the thousand and one medicinal preparations, and feels that it helps him, it is not the just province of any one to declare that he is not helped, and that he shall not take the medicine. And if an apothecary is willing to put up a familiar prescription for a customer—more especially poor and needy ones who cannot afford to call in a physician—whose concern is it, except that of the apothecary and his patient?

Now, then, does the public welfare require that any particular school of physicians should be given the tremendous

power of saying who shall and who shall not practice medicine in the Commonwealth of Massachusetts? For that is what the proposed law, if enacted, will do. The school represented by the Massachusetts Medical Society, which makes the petition, would obviously secure a majority of membership in the board of examiners, inasmuch as practitioners of that school are numerically greater than those of any other. They might intend to be perfectly fair and honorable—doubtless would—but what outsider cannot see that the bitter enmity existing between the various schools would break out on every occasion? And in saying these things we do not intend to convey the impression that one school contains any more or less virtue than another on these matters. Nor do we intend to discuss in any wise the relative merits of the schools. We are speaking of human nature, which is one and the same thing whether the title be one thing or another.

To understand more clearly the principle of the proposed bill it is but necessary to recollect that it is precisely in medicine what in religion a law would be establishing an examining board of nine clergymen, without whose certificate for theological soundness no other clergyman would be allowed to preach under penalty of a heavy fine.

Laws practically like this have caused many of the darkest blots on the pages of history. *Give mortal man the power, and intolerance will run to every extreme, whether in politics, religion, medicine, or anything else, and the more conscientious the holders of the power* THE GREATER THE INTOLERANCE AND THE GREATER THE EXTREMES TO WHICH THEY WILL GO.

With all due respect to the Massachusetts Medical Society, ITS PETITION SHOULD NOT BE GRANTED.

BILL KILLING DAY—THE MEDICAL BILL SLAUGHTERED IN THE SENATE.—This was a bill-killing day in the Senate, and two ambitious measures were sent to early, but not unexpected, graves. * * * * The next candidate for slaughter was the bill regulating the practice of medicine and surgery in this State. This was the bill introduced by Houston of Bexar, and which has received considerable attention of late in the columns of *The News*. It was advocated by the old and so-

called regular school of doctors, and was opposed by the homœopaths, eclectics and others. The bill did not meet with much consideration. The committee amendments were first voted down and a motion promptly made by Stinson to strike out the enacting clause. A subsequent examination of desks showed that exactly thirteen Senators had amendments, striking out the enacting clause, prepared. Mr. Houston, of Bexar, made a strong plea for the bill, and warmly advocated its passage. Mr. Davis followed him, tearing the provisions of the bill to pieces, mercilessly lampooning it, and using effectually his old weapon—ridicule. Messrs. Jones and Terrell also lashed the measure without mercy, and Mr. Evans made a plea in its favor. There was no denying the temper of the Senate, however, and the previous question was ordered and the bill killed without going into the formality of taking an aye and no vote. The homœopathists are in high feather to night, and are fully convinced that the Senate of Texas is packed with statesmen and sages. On the other hand, the comments of the "regulars" are more forcible than polite.—*Galveston News.*

THE FIRST INSENSIBILITY FROM ETHER.—For the short operations of minor surgery, and the reductions of dislocations, or opening of abscesses, it is extremely useful and of every-day application. Such a patient wishes to be operated upon without pain, or from being incapacitated from attending to business during the remainder of the day. He lies down upon the sofa, and with one hand places the ether inhaler, on a sponge wet with ether, over his face, mouth and nose, and holds the other arm and hand up in the air.

This arm, after the ether has been breathed for a few minutes, will drop, and from thirty to fifty seconds unconsciousness will be had, in which to operate. The sponge being removed, the patient is ready to go about his business. It gives rise to no headache, nausea, or other unpleasant symptoms, and is particularly useful in children. The chief source of disappointment is in not recognizing the right moment, for if this is allowed to pass, unconsciousness will not occur until full etherization. The first insensibility is sure to come. When the arm moves, be ready, and as soon as it

drops perform the operation; no pain will be felt.—*Medical Times.*

Turpentine a Preventive in Infectious Diseases.—The *Medical Record* tells us that H. Vilant writes in the *Ugeskrift fur Lager.*, vol. viii., No. 8, 1883, concerning the value of the oil of turpentine in the treatment and prophylaxis of diptheria and the exanthematous diseases. He states that he has never seen any of these diseases spread from a sick child to other members of the family when this remedy was employed. In many of his cases no isolation could be attempted, as the mother was the only female in the family, and was obliged to take care of both the sick and the well, continually passing back and forth from one to the other. His method was to pour from twenty to forty drops of a mixture of equal parts of turpentine and carbolic acid into a kettle of water, which was kept simmering over a slow fire, so that the air of the sick room was kept constantly impregnated with the odor of these two substances. He claims also that by this means a favorable influence is exerted upon the exudation in diphtheria, although it is by no means curative of the disease, and should never be relied upon to the exclusion of other remedies.

A Simple Treatment for Strangulated Hernia.—The *Medical Record*, January 3, tells us that a correspondent who has forgotten to attach his name to his article writes calling attention to a simple expedient that he has resorted to successfully in cases of strangulated inguinal hernia after taxis had failed. It consists in dilatation of the constriction which produces the strangulation at the internal abdominal ring by passing the finger along the inguinal canal, carrying the integument before it until the constricting ring is felt, which generally is easily done; the finger is then gently insinuated into the opening, and if the band of opposing fibres do not not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give way, when a resort to taxis again will ordinarily result successfully.

The advantages to be gained by this expedient are that it can be tried as soon as moderate efforts at taxis prove ineffect-

ual, and before the tissues involved are injured by prolonged or severe manipulation; the patient is saved from the dangers resulting from delay; and the dangers attending operative interference, with complications and sequences which may arise therefrom, are supplanted by a procedure which is harmless in itself, and is not liable to be followed by any complications.

He finds that there is no danger of creating a larger permanent opening at the internal ring. He has tried it in five cases.—*Medical and Surgical Reporter.*

The External Use of Chloroform in Labor.—The *Chicago Medical Jouanal and Examiner* calls attention to a peculiar method of using chloroform in labor, which originated in Sweden, it is said, with Dr. A. Svanberg, of Sweden. This doctor claims to have found that, in severe cases of labor where rigidity of the os has caused an obstacle to delivery, the external use of chloroform is very advantageous. His method consists in applying a piece of flannel soaked in a mixture of chloroform and sweet oil (one to one or two to one) to the abdomen between the symphisis and the navel. Then by light strokes over the cloth he makes sure that it is close to the skin. In severe cases (after five minutes) he pours on more of the mixture. After from five to twenty minutes Dr. Svanberg always finds that the rigidity is so much lessened that any desired manipulations, such as turning, may be performed. Five cases are reported, illustrating the efficacy of this measure.—*Mass. Eclectic Med. Journal.*

Treatment of Whooping Cough by Croten Chloral.—Dr. W. C. Webb, of Bryantsville, Ky., says in the *American Practitioner* that he has employed croton chloral in whooping cough with more benefit than he found from almost any other remedy. This drug does not derange the digestive organs, nor effect the vital nervous centres. Patients frequently fall asleep on their chairs after using it. On taking this remedy the patient must be watched lest toxic symptoms be manifested. A child from one to two years old may take one grain of the preparation every four hours.

One ten years old, may take 2 grains as often. After the first week the dose should be lessened and given at longer intervals. Should there be much gastric irritability, or should the paroxysm be very severe, a few whiffs of chloroform may be given in advance of the croton chloral. This may be repeated only three or four times.

The following formulæ are given for its administration: R. Croton chloral, ʒj; tinct. cardamon comp.; glycerine aa ʒij. Sig—One half a teaspoonful every four hours for a child two years old and under; or, R. Croton chloral, ʒj; tinc. belladon., ♏ij; tinct. cardamon comp., ʒif; glycerine, ʒiij. M. Sig.—One-half teaspoonful.

Infant Feeding.—Infant mortality every where is closely connected with infant feeding. In Norway, and in the Faroe Islands, where the smallest mortality among infants exists, they are invariably breast-fed, while in Bavaria and Iceland, where the mortality among infants is greatest, they are chiefly fed on cows' milk and farinaceous foods.

It is a fact full of practical illustration that, during the Franco German war, when, by the sufferings of starvation in Paris, caused by the siege, the general mortality of the population was doubled, that of the infants was reduced forty per cent. by the mothers being compelled to suckle their babies instead of feeding them artificially.

In times of famine in various places, where mothers have been obliged to suckle their infants, even though they themselves restricted to a scanty supply of food, and not always of a wholesome kind, the improved vitality of infants has been the invariable result; demonstrating that even poor breast food is superior to the best artificial feeding.—*Sanitarian.*

How a Patient May Wash Out His Own Bladder.—In the *Lancet*, October, 1884, p. 675, Mr. Buckston Browne describes a simple method by which a patient can wash out his own bladder. A diagram is given which helps to explain the action

of the instrument. A simple bifurcated brass tube, without valve or stop cock, has one end fixed to a Higginson's syringe; the nozzle is fixed at the other end to a catheter in the bladder. The fluid is gently injected into the bladder by squeezing the ball of the syringe, whilst a finger is placed over the open end of the bifurcated tube; when the finger is removed the contents of the bladder escape, or fresh injections can be made into the bladder, and then allowed to flow away at pleasure. By this means a patient can wash out his own bladder with ease.—*Medical and Surgical Reporter.*

Expression of Meat Juice,—Sippel, in *The Pharm. Zeit. fur Russl.*, recommends the following as the easiest way to obtain nearly all the juice from meat: Cut one pound of best lean beef in slices about one-third of an inch thick, and lay the slices one alongside of the other on a strip of muslin, six inches wide and one yard long, sprinkling with fine salt. Now roll up the whole strip, tie a string several times around, and put in an ordinary press. After half an hour, about half a pint of red, transparent juice will be obtained.

A New Cotton Plant.—For many years A. A. Subers, of Macon, Georgia, has been carefully experimenting to hybridize the cotton plant that grows wild in Florida, with the common okra. The new plant retains the okra stalk and the foliage of the cotton. Its flower and fruit, however, are strikingly unlike either cotton or okra. The plant has an average height of two feet, and each plant has only one bloom. This is a magnificent flower, very much like the great magnolia in fragrance, and equally as large. Like the cotton bloom, the flower is white for several days after it opens, after which it is first pale pink, and gradually assumes darker shades of this color until it becomes red, when it drops. For about ten days the fruit resembles the cotton boll, and then its growth suddenly increases, as if by magic, until it reaches the size of a big cocoanut. Not until it reaches this size does the lint appear. Then its snowy threads begin to burst from the boll, but are securely held in place by the okra like thorns or points that line the boll.

GLYCERINE AND ALUM LOCAL ASTRINGENT.—A "glycernum aluminis," prepared by dissolving one ounce of alum in five ounces of glycerine by means of a gentle heat, is recommended by Mr. R. W. Parker, (*Brit. Med. J.*, Jan. 24, p. 178) as useful where a powerful local astringent is required. It is described as having the advantage over tannin of being far less disagreeable, equally astringent, and quite compatible with the administration of iron. In cases of chronic pharyngitis it is said to be efficacious, and when diluted with water to form a useful gargle, injection or lotion.—*Pharm. Jour. and Trans.*

DECOCTION OF VALERIAN AS A SEDATIVE.—In the *British Medical Journal*, January 24, M. Martel reports success in the employment of decoction of valerian as a sedative. A crushed arm was first dressed with an antiseptic carbolic acid dressing, and, afterwards, as soon as it was thought prudent, the water in the dressing was replaced by a decoction made by boiling forty grams of valerian root in a litre of water for half an hour, straining and adding ten per cent. of carbolic acid. After its application, the pain, which had been very great, is said to have disappeared and the wound became clean and healthy. It is stated that the country people in Normandy frequently use decoction of valerian, in case of wounds and fractures, to relieve pain.

LIQUID SULPHATE OF FERRI CO.—℞. Ferri sulphate ℥ iv, acid nitric, ℥ vj, aqua distilled, ℥ iij.

Put the iron and the acid in a glass mortar, rub until dissolved, then gradually add the water, and filter through paper. Many years use of this combination has convinced me that it is one of the most efficient and pleasant of the ferruginous preparations. Wherever iron is properly indicated it will be found an excellent appetizer and a tonic of peculiar efficacy. Combined with quinia sulphate it makes a beautiful solution, to which syrup and a solution of strychnia may be added in suitable proportions, thus extemporizing an excellent syrup of strychnia, iron and quinia. The dose of the ferrious compound will be from five to fifteen drops administered in water or simple syrup.—*Kansas Med. Journal.*

STRICTURES.—We find the following reproduced from the *Western Lancet* of 1857. The lines were left on his doctor's table by a patient who was about to start for the Niagara Falls, "where the water runs down hill, with nothing on earth to hinder it."

"When sorrow's cloud is cast athwart
The sunshine of my mind,
When I, with gloomy care distraught,
No recreation find;
When sighing o'er my hapless lot,
And what I used to be,
I'll seek some quiet, tranquil spot,
And pass a small bougie.
Let strictures on my conduct pass;
Unnoticed let them be;
A stricture somewhere else, alas!
Is more deplored by me.
In hope this blight on manhood's bloom
I yet effaced may see,
I'll hie me to my quiet room
And pass a small bougie."

EDITORIAL.

Improvements to be made this Summer on the College Building. At the State Association.

A movement was set on foot to raise money to make the contemplated improvements on the college building, which was so far successful as to raise $1,200 by donation. The amount needed is $2,500; which will be raised.

We wish to call the attention of all the alumni of this college to the great favor they would be doing their *alma mater* by contributing something toward accomplishing the end that is now so nearly effected. If each of the alumni of the college would contribute but five dollars to carrying out the work, it will be done to surety by the time the next session opens.

The college is absolutely free of debt. The trustees hold a clear title to the ground and building. The museum is unencumbered. No man has any claim against the college or its appurtenances to the value of one cent.

The movement toward improving the building will be car-

ried cut to final completion this summer, and will be paid for as the work progresses, so that no debt will be left standing against the college when the work is completed.]

It is proposed to add 25 feet to the north side of the building, so as to make it that much larger. Then the walls will be built up higher all around, so as to add another story. Our want of room is so great now, the size of the class, and the increase of the museum, and the chemical laboratory all are demanding more room and must be provided.

We need large dissecting rooms to accommodate the growing size of the class.

If each of the alumni will send five dollars, or any other amount, be it more or less, to the President of the Board of Trustees, Dr. S. T. Biggers, 55½ Peachtree street, Atlanta, Ga., the amount will be credited to his name and published in the JOURNAL.

We know there is not a graduate of this college living who will not esteem it a great pleasure to contribute something toward promoting the prosperity and enlarging the usefulness and advancing the cause of his beloved *alma mater*.

We know there are many Eclectics in the North and West who have a heartful interest in our labors to build up Eclecticism in the South, and who would gladly render us a fair share of assistance and give us substantial aid in our efforts.

Every Eclectic who will make us a donation, no matter how small the sum, it will be thankfully received and will be placed to his credit and his name published in the JOURNAL as a friend and donor to the cause we have in hand. Not long since, a prominent Eclectic in a Northern city wrote us he was sure there were many Eclectics in the North who would give us aid were they made acquainted with the work we have taken in hand, and advised us to call attention to it in the JOURNAL, and ask without bashfulness for the needed assistance. All who will help us—and we know there are many liberal brethren in the North—can send their donation to Dr. S. T. Biggers, President of the Board of Trustees, No. 55½ Peachtree street, Atlanta, Ga.

National Eclectic Medical Association.

The fifteenth annual meeting of the National will be held

at Altoona, Pennsylvania, on Wednesday, Thursday and Friday, the 17th, 18th and 19th June, 1885.

Doctor Lemon J. Beam, of Johnstown; H. B. Piper, of Tyrone; James B. Munn, of New Washington; N. L. Adams, of Altoona, and George C. Pattern, of Johnstown, will constitute the Local Committee of Arrangements.

President Stratford has appointed 104 gentlemen to write papers to be read at the next National, and each is awarded a special subject. Among the names we note the following members from the South, and subjects awarded each writer:

Diseases common to the South—R. M. Anten.

Traumatic Tetanus—W. C. Fisher.

Disorders of Sleep—Rosa Freudenthal.

Yellow Fever—I. J M. Goss.

Health and Longevity of the Colored Population—J. W. R. Williams.

It is recommended that members contributing papers should also prepare a synopsis or epitome and give it to the Secretary of the Association. This will enable better attention to the contribution offered, which the haste and multiplicity of matters demanding attention so often preclude.

The Committee on the Status of Eclecticism in the various States should apply themselves diligently to their work, and make as full report to the National as can be prepared, which of itself will serve to increase the interest of our profession in State organizations by showing wherein we are weak, and suggest the remedies. If the several committees will set about their work in an earnest, business-like way, entering into extensive correspondence with the Eclectic physicians of their respective States, and at the same time cause our physicians to enter more extensively into correspondence with each other, and bring to bear all the best influences that can be wielded to overcome the dangerous apathy and do-nothingism and stay-at-home ways of our brethren, a great reform that will work immense good to and strengthen our cause will be certainly effected. Eclectics are not sufficiently and extensively enough acquainted with each other. This is a serious defect in our ranks that must be cured as speedily as can be.

The following are the Southern committees as far as known:

Alabama—J. W. R. Williams and Mrs. Lizzie Abbott.

Arkansas—Louis E. Cook and J. M. Park.
Florida—C. A. F. Landorme and W. F. Snipes.
Georgia—I. J. M. Goss and H. J. Hampton.
Mississippi—R. A. Cessna and C. D. R. Kirk.
South Carolina—J. R. Meyer,.
Tennessee—W. H. Halbert and R. A. Clopton.
Texas—David Bates and A. H. Collins.

The reports may be single or conjoint, as shall be most convenient, and will become part of the Transactions.

By writing to the Secretary, Professor Alexander Wilder, M.D., 565 Orange street, Newark, N. J., a copy of the 15th annual announcement of the National will be mailed you. All our readeas should thus avail themselves of the opportunity to know on what basis the next National is laid upon.

The Mills of the Gods Grind Slowly, but they Grind Fine.

Our Allopathic neighbors have recently been brought face to face with the stern and inexorable logic of constitutional law and free government in the State of Missouri. The State Board of Health, and the enactment under which it existed, have been pronounced unconstitutional by the Supreme Court of that State. The principle of constitutional laws with which this board was in such flagrant conflict are not local but general, and apply with equal force in every State of this Grand Old Union of free States, and the United States government is as much outraged by such law as was the State of Missouri. How can Illinois, West Virginia, Virginia, Alabama, Mississippi and other States where the Allopaths obtained similar laws, escape the fine grinding constitutional law when those Board of Health laws are forced into the mills of constitutional jurisprudence?

The first and most crushing heavy hand that has fallen on the Allopaths was brought down by the judiciary of Missouri, as the following report of legal proceedings regarding the Board of Health of that State will show:

"The Court dismissed the State Board's case against Dr. McCoy. In the case of J. C. McCoy, charged with not complying with the law regulating the practice of medicine in this

State, Judge Noonan yesterday ordered the discharge of the defendant on the ground that the act creating the State Board of Health is unconstitutional, because the Board is made a court with jurisdictional powers. The Legislature has no power to establish such a court, and the said court purports to try citizens and deprive them of property without trial by jury. The Supreme Court, in the case ex. rel. Granville vs. E. H. Gregory et al., decided the act unconstitutional.

"The decision of the Court of Correction is founded on the fact that there is no provision in the constitution for the establishment of such a court as this State Board of Health purports to be, and hence the Legislature has no right to confer judical powers upon it. The opinion, which was in writing, was quite elaborate, and held that it was against the bill of rights to deprive a man of the right to labor in his vocation and earn an honorable living, this right being as much his property as his good name or pocket book. The action of the State Board, said the court, further sought to bind the Court of Correction with its findings, and asked the court to determine that its judgment must be enforced and recognized by the court. This must be denied."

In plain terms, the Supreme Court of Missouri pronounced the State Board of Health a veritable Inquisition, which is an institution of high-handed tyranny that no enlightened or free government can for a moment countenance.

Professor Pitzer, no doubt, is now realizing to the full degree of cold consolation that his State Board of Health has paved the way to a grand funeral he has falsely predicted for others.

It is not the fall of the mighty, but the crushing out of the infernal, and Professor Pitzer may yet die of "*uria.*"

Tissue Waste in Fevers.

The large quantity of urea usually thrown off by the kidneys during fevers and other wasting diseases is the evidence of uncontrolled oxidization of nitrogen tissue. Seeing that the food is so much cut off during diseases attended by high temperature, and that the urea is in proportion to the degrees of heat above the normal, it is obvious that an effort should be

made to check the tissue oxidization which, if left too much uncontrolled, will certainly destroy life. Quinine is one of the remedies that does protect the tissues, and our fathers were wont to give pneumonia and typhoid fever patients 6 to 10 grains of quinine per diem on emperical principles, but which is really founded on sound scientific data. Quinine in small doses will certainly protect the nervous system and limit tissue waste. Under its influence the quantity of urea is much less, and at the same time it seems to afford some soothing protection to the nerve centers. Unrestricted tissue waste exhausts and vitiates the nerve centers. We find that quinine has long been a favorite remedy with physicians, and when not abused has proven a valuable tonic combined with strychnine. Strychnine also will protect the system against excessive oxidization and lessen the quantity of urea being produced. This property of some drugs is far more valuable than usually supposed, and by their protective influence on the nervous system saves life by preventing exhaustive waste of the proteid tissues. There must be some serious derangement of the nervous centers that will set up this excessive waste. No doubt the oxidizing influence of the oxygen is in some way, in the normal state, guarded against by some part of the medulla acting as an inhibitory center through certain nerves of nutrition. In fevers, etc., these centers are deranged, and quinine, strychnine and other agents of kindred nature stimulate these centers and thus protect the system.

There is more than mere theory in the above.

Local Use of Polymnia Uvidalia.

A good discutient ointment is made by digesting in a water bath one-half pound of the finely sliced root in one pound of fresh lard for a day or two. This ointment will remove enlarged spleens, dissipate enlarged lymphatic glands. Biggers applies it over the abdomen in all hyperplasias of the uterus and swelling of the ovaries, and applies it to the os and cervix spread on thick through the speculum. He says it is often quite prompt in reducing the thickness and length of the os and the substance of the uterus. In the so-called white swellings Professor Goss applies the ointment liberally to the joint

and covers the part with oil silk and woolen cloths. Neuralgia of various parts is often cured by liberally applying the ointment. Some of the most rebellious cases of sub-involution of the uterus have been promptly cured by the local use of the ointment in the ways above specified and by 10 drop doses of the tincture internally taken several times a day.

Hydrastis—Local Use of.

The best way to prepare hydrastis for local use, according to our personal experience, is to boil it in soft water with glycerine and borax when the best preparation is obtained that can be from the root. We take 4 ozs. of the coarse ground hydrastis and put in a vessel containing two quarts of soft water, to which we add one ounce of borax and 4 ozs. of glycerine. This we boil slowly till half the fluid is evaporated, then the remainder is strained and the sediment pressed; the fluid is then carefully strained. This preparation of hydrastis excels every other we have used for all purposes as a local application. It may be diluted with water if needed. It makes the best curative injection in gonorrhœa, and purulent ophthalmia we have ever used. It is a splendid dressing for wounds, old sore, and to clean out sinuses, abcesses and other cavities. It is antiseptic and restorative in nature. We have several times heretofore called attention through the JOURNAL to the value of this preparation. Recently we have, when we wanted a kind of boro-glycerine in combination with hydrastis, added an ounce or two of boric acid to the other ingredients with, we think, excellent results. This solution, when dropped in an inflamed eye, speedily affords relief, causes a contraction of the enlarged vessels, and sooths the pain. We think it is the best local application to the uterus and vagina, and diseases of these organs, and gives better satisfaction than any other one preparation.

To the Eclectic and Reform Physicians of the State of Alabama:

The Eclectic Medical Association of Alabama will convene in Montgomery, on Wednesday, the 6th of May next, at 10 o'clock A.M.

Matters of importance to us and all others who favor medi-

cal freedom, and oppose medical tyranny, will come before us. Medical liberty is in the balance. If we preserve our inherent and acquired rights, we must organize more perfectly. "In the multitude of counsel there is safety," and "in union there is strength." A duty is upon us, the discharge of which we, as citizens of the United States, owe, not only to ourselves, but to others who may come among us, and to the cause of progressive medical science. We cannot afford to be derelict or cowardly now. Star-chamber courts are set up in nearly every county in the State, and soon will be in all, with powers to summarily deprive citizens of both liberty and property in violation of the constitution of the United States, and of the State of Alabama. We must let the people know it; and as advocates and practitioners of a system of medicine peculiarly American, both by birth and inspiration, we must resolve that we will not wear the shackles of a jesuitical medical hierarchy, odious and dangerous to American ideas and liberty, and derogatory to progressive medicine.

All liberal-minded physicians who oppose this unrighteous law, and the medical monopoly and medical legislation set up by it, are cordially invited to meet with us. I hope that every Eclectic and other medical reformer will meet the obligation that rests on them now, and be present.

By calling at the office of the Exchange Hotel, the place of meeting can be ascertained.

Absence from the State of the President of the Association devolves upon me the duty of making this announcement.

J. W. R. Williams, M.D.,
Vice President Eclectic Medical Association of Alabama.

Commencement Exercises of the Georgia Eclectic Medical College at DeGive's Opera House.

On the evening of March 3d a large and fashionable audience assembled at the Opera House in Atlanta to witness the exercises that closed the eighth session of the college. The occasion was one to be remembered.

Every particular in the programme was a splendid success.

The address to the public by W. T. Trumbull, Esq., was one of that gentleman's masterpieces, and elicited the closest

attention of the large audience throughout its entire delivery.

The valedictorian of the occasion was B. Calhoun Hodges, M.D., of Florida, a member of the graduating class. To say that Dr. Hodges delivered a fine address is only to state the truth in feeble terms. He made a complete and grand success, for his effort was full of oratory, pathos, and clothed in chaste and fine language. The faculty and trustees were highly gratified, and the audience expressed its appreciation by its continuous rounds of applause.

The address to the graduates was delivered by Luther Z. Rosser, Esq.. Mr. Rosser is a born orator, a speaker both captivating and persuasive. His address closed the exercises of the evening, and shed a lustre on the whole.

The occasion, in all its parts, showed the high degree of confidence and regard of the intelligent public toward this college. The following is taken from the Atlanta *Journal* of March 4th, one of the leading newspapers of Georgia, a representative of the best public sentiment of the South:

GEORGIA ECLECTIC COLLEGE.

The large audience present last night at the Opera House to witness the closing exercises of the Georgia Eclectic Medical College, proves the general interest which our citizens are taking in this popular and progressive college. It is one of the best managed institutions of the kind in the South, and richly deserves its success.

In another place we give a more detailed account of the exercises.

The report of the Dean, Dr. Adolphus, shows that the college stands upon solid ground, and proves that this college has a very bright future before it. The thirteen graduates who received their diplomas last night will add, wherever they go, to the already exceptionally fine reputation of the college and its scholarly faculty. The literary exercises were of a high order of merit and were greatly enjoyed by the audience.

GRADUATES.

Diplomas were delivered to thirteen graduates, as follows: B. Calhoun Hodges, Florida; Thomas J. Collins, Georgia; Mrs. Annie O. Pickering, Tennessee; JohnC. Stephens, Georgia; Robert A. Cloud, Florida: Alfred F. Green, Georgia; Reuben D. Abernathy, Georgia; R. Malachi Moore, Georgia; John A.

McCrea, Georgia; Shelby P. Downs, Georgia; Methvin T. Salter, Georgia; Irwin A. Cofer, Georgia; Ange A. DeLaperiere, Alabama.

The trustees are preparing a plan and making arrangements to remodel the college building and add another story, which we hope will be completed in time for the next session.

Editorial Items.

We were pained to learn that Professor Borland sustained a fracture of one or two ribs, occasioned by a fall on the ice a few weeks ago. He is now improving. Professor B. has our sympathy.

Professor Alexander Wilder, Secretary of the National, has been ill with an attack of pneumonia. He is now so far recovered as to resume his labors on the 12th vol. of the Transactions.

The delay of the JOURNAL this month was occasioned by the illness of the editor.

The superior Minnesota flour to which we called attention in our December No., page 88, is kept on sale in this city by M. L. Hayden, 77 Peachtree street. We use it all the time, and every one who uses this flour says it is the best in the market.

It is a Waterloo defeat that settled on the Texas Allopaths in the Legislature of that State recently. Exactly, and the people all over the country are getting their eyes open to the real inwardness of this Allopathic scheme of medical legislation to "regulate" the practice of medicine. Take them as a whole, the Allopaths are no better practitioners than are the physicians of other schools, and frequently not as good, then why should these Allopaths be clothed with authority to set up a court of medical inquisition? The Texas Allopaths richly merited their defeat, and the Legislature of that State simply saved the Supreme Court the trouble of doing what was done recently in Missouri by her Supreme Court.

The Century for April is at hand. One of the finest things in current historical literature is Admiral David D. Porter's paper on the opening of the Lower Mississippi and the capture of New Orleans during the war, and is richly and pro-

fusely illustrated. Phases of State Legislation, by William Theodre Roosvelt, in which he reveals the dark side of the legislative practices and shows up the trickery and cute rascality of the lobby, and the perils that surround the life of good government. This paper should be read by every man in America. A Florentine Mosaic is continued, and is as entertaining as the first part. We think this number of the *Century* one of the finest. It is full of good things, and much more than we have room to speak of. We feel a most lively interest in the *Century* because, besides being the best of the literary monthlies, it is one of the best and most sincere friends the South has.

The Legislatures of Massachusetts, Maine, Tennessee, Ohio, Texas and, we think, Indiana, refuse to pass medical bills introduced and championed by the Allopaths. The liberal physicians in those States must not rest on their laurels, but continue on the alert and maintain a solid and united front. Their enemy is wily and full of tricks.

Sharp & Dohme, of Baltimore, whose advertisement is on the second cover page, is a firm you can rely on, and is one of the oldest in the country, and the oldest in the South. Give them a part of your patronage.

Thorp & Lloyd Brothers, Cincinnati, make the *specific* tinctures, and all who use them never go back on them. This is one of the best houses in Ohio, and as reliable as men can be. Patronize them.

Some of the worst cases of septicæmia we have ever seen get well recovered under the administration of salicylic acid dissolved in acetate of ammonia, some ammonia in excess. The urine of the cases was made fully alkaline, and as soon as this condition was fully produced the temperature fell and convalescence commenced.

Obituary.

William Braithwaite, M.D.—Mail advices from England announce the death of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31. *The Yorkshire Post* of February 2 contains the following:

"He was the oldest medical practitioner in Leeds, and in his large and varied practice he was esteemed on all hands both on account of his great knowledge and his sympathetic and kindly disposition."

Diarrhea, Gonorrhœa and Ulcers.

D. B. Van Wagoner, M.D., of Ramapo, Rockland county, New York, says: I like Kennedy's Pinus Canadensis very much. It is of especial value in summer diarrhœa of children with bleeding and protrusion of the rectum, and is not followed by constipation. It works like a charm as an injection in gonorrhœa of either sex, and as a wash for old foul ulcers, for painful sores—keep cloth wet ½ strength of the White Pinus and in a little while new granulations spring up and the healing goes on rapidly.

Book Notices.

THE INDEX MEDICUS.—It affords us pleasure to announce that Mr. George S. Davis, of Detroit, Michigan, will assume the publication of this valuable periodical. This undertaking shows his liberal and public spirit, seeing that the publication fell behind $1,000 annually in paying expenses. Owing to the lateness of the season, January, February and March numbers will be issued together, after which the publication will appear regularly every month.

A PRACTICAL TREATISE ON PALATABLE PRESCRIBING.—Containing the favorite formulary of the most eminent medical and surgical authorities, collated from their published writings and private records, and embracing a resume of the most eligible prescriptions for the administration of recent additions to the materia medica. By B. W. Palmer, A.M M.D. Published by George S. Davis, medical publisher, Detroit, Michigan.

For those who want formulæ to aid them in prescribing for and healing their patients, this little book of 136 pages and a copious index will be found of considerable use and advantage, as it contains many hundred prescriptions for every known ailment, systematically arranged in sections.

DRUGS AND MEDICINES OF NORTH AMERICA.—A quarterly, devoted to the historical and scientifical discussion of the botany, pharmacy, chemistry and therapeutics of the medical plants of North America, their constituents, products and sophistication. By J. U. Lloyd and C. L. Lloyd.

Professor Loyd is writing a book that is issued in quarterly numbers, and which every Eclectic physician should have. The merits of the book are great, from whatever standpoint it is viewed, as a history, a work on therapeutics, on botany, chemistry, and applicable to the vegetable materia medica. There are no more competent men for performing such a task as the one now considered. Its price is only $1.00 a year. Send us $2.80 and we will send the JOURNAL and this quarterly one year.

M. LOUIS PASTEUR.—Messrs. Parke, Davis & Co. have laid us under obligations to their courtesy for a copy of one of Root & Tinker's library edition engravings of this great scientist, which we have framed and placed in our gallery of great men.

DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH. By Geo. Morewood Lafferts, A.M. M.D., Professor of Laryngoscopy, etc., in the College of Physicians and Surgeons, New York. Lambert & Co., St. Louis.

Professor Lafferts has written a very excellent little monograph on catarrh and its treatment, and will well repay the reader for the study of it. He condemns the indiscriminate use of the douch, and recommends the nasal spray and posteria nasal syringe for removing crusts, scabs, etc. He has found the use of listerine of inestimable service as a local remedy. The illustrations are fine and the type and paper good.

TYPHOID FEVER AND LOW WATER IN WELLS. By Henry R. Baker, M.D., Secretary of Michigan State Board of Health, Lancing, Michigan. Reprint from the M. B. of H. report for the year 1884.

In this pamphlet the author shows the relation borne between low water in wells during a dry summer and typhoid fever, etc.

The Preparation of Liebig's Food.

From an article by Dr. E. T. Williams, in the Boston *Medical and Surgical Journal*, of November 13, page 460:

"The earliest announcement of Liebig's method of preparing infant's food was received with the warmest enthusiasm by the profession and the public. The idea of using malt as an artificial digestive for starch was certainly a brilliant one, and seemed to promise an infallible cure for every form of starchy dyspepsia, both in children and adults. The notion of a manufactured Liebig's food prepared to hand and ready for use was a natural conception and has much in its favor. This does away with the trouble of cooking, and secures a perfectly uniform product. One of Liebig's sons, with the 'help and approval' of his father, as he states, is or was concerned in the manufacture of such an article under the name of an extract of Liebig's food. Similar preparations have been sold in England and America. They are made, or should be made, by digesting malt and water in the form of a 'mash,' as brewers do, till the starch changes to glucose, and then evaporating to dryness in a vacuum. They are nothing more than Liebig's food ready made and evaporated down for convenience of keeping and dispensing. The popular Mellin's and Horlick's foods are articles of this sort. They consist mainly of grape sugar with the nitrogenous and mineral elements of grain. A half-pound bottle of Mellin's food costs seventy-five cents; *a one-pound can of Horlick's sells for the same price.* They are good foods and suit children extremely well.

"Liebig recommends the food as a nutritious drink for adults as well as children. Its suitability for invalids and convalescents, for nursing mothers and starchy dyspeptics goes without saying. Liebig recommends it in coffee in place of cream. I have found it very good in chocolate. With coffee especially, in the style of *cafe au lait*, I have found it a capital breakfast drink. I think that both coffee and chocolate *a la Liebig*, if they could be made fashionable, would make a most useful addition to our dietary.

Listerine.

As a deodorant and antiseptic for the sick room and dentist's office, Listerine stands pre-eminent. While it is equal to

any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and is particularly well adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores or a fungus condition of the gums and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of Listerine in water swallowed is a particularly grateful and excellent remedy. Moreover, according to a series of "Experiments upon the Strength of Antiseptics," by Dr. A. T. Cabot (Boston *Medical and Surgical Journal*, November 27, 1879), Listerine compares favorably with the most reliable agents for the rapid destruction of micro-organisms.—*The Sanitarian*, October, 1884.

Cocaine and Its Salts.

The virtues of this alkaloid as a local anæsthetic, especially to mucous surfaces, have been so thoroughly established, even in the few months since their discovery, as to render further argument quite superfluous. The principal question of practical interest in connection with the drug now is that bearing on the quality of the preparation employed. This may, however, be set at rest by the use of that issued by Messrs. Parke, Davis & Co., Detroit. The standing of this firm and its reputation for the quality of its manufactures give assurance to the physician, in the case of cocaine, as in that of all the rest of its products, that they are fully up to the recognized standards of purity and strength. Messrs. P., D. & Co. furnish the alkaloid and its hydrochlorate, citrate, oleate and salicylate. The hydrochlorate is the salt on which the reputation of the drug is established, but the practical physician will be able to discover the properties which commend the other salts to special cases.

The American Agriculturist.

The United States Government Census volume, just published, speaks of the "remarkable success" attending our

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Dr. S. B. Harmon, of Why Not, Lauderdale county, Mississippi, says: I am highly pleased with Papine; I find it the best hypnotic and anodyne I have ever used. It produces rest and allays pains equally as well as morphia, without producing any unpleasant effects. I have tried it in hepatic colic. It invariably gives relief.

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151 E. 31st st. N. Y. Eli J. Peck, M.D.

THE
ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

TWO CASES OF DROPSY.

BY DRS. DODD AND SPRAYBERRY, EAST POINT, GA.

August 27, 1884, was called to W. C., aged 41 years, twenty-five miles from home. Dr. Sprayberry attended the call. Found patient in sitting position; had not been so he could be about in two months, and but little in four. Dr. S. (an Allopath, of course) was treating the case at the time. Said patient had been treated by all the learned "Regulars" of the surrounding country, and the best Atlanta could afford, without any benefit. They had all told him he could not be cured. Dr. Sprayberry stayed with him two days and nights; gave him one grain podophyllin each night, and through the day gave four gtts. tr. aconite every four hours, alternate with tr. digitalis six gtts. The third morning he proposed to take him in his (Dr. S.'s) buggy, and would bring him home, and we would treat him and cure the disease, if it could be cured. Dr. S., the "Regular," said they were all fools—he would not live two weeks; but patient said he would risk it, as it was death to stay under Allopathic treatment. He came, and on the first day of September we made an examination, which revealed the following symptoms: The heart beats were at least two hundred or more per minute—it was impossible to count them; pulse 23, only intermitting beats, per minute; respiration, 40. There were constriction of the left auriculo-ventricular opening, which prevented a due quantity of blood from passing through into the left ventricle, which caused an undue accumulation of blood in the left auricle. This caused an over-filling of the lungs and a greater pressure backward into the pulmonary artery. This, with the enlargement of the liver,

caused a constant and distressing cough, with but little expectoration. Just below the enciform cartilage of sternum there was (shall I say a tumor?) a something nine inches long by five, of an oval or egg shape, transverse across the body, as hard as cartilage; very sensisive to the touch; it had been growing there for four years; when first discovered it was about the size of a hen's egg. Had general dropsy, or anasarca, from top of head to soles of feet; legs were swollen till they had burst and discharged a gallon of very alkaline water daily. Mind very much deranged. Liver enlarged to an enormous size. Had been an excessive drinker of whiskey. Father died from heart disease. From the symptoms we decided we had a dreaded foe to contend with, but knowing we were Eclectics, and had all the weapons of the known world—vegetable, animal, mineral, electrical, and the waters of the earth and seas—we decided a cure could be accomplished. So on the second day of September we commenced with the following treatment:

℞. Collinsonia canaden, fl. ℥ss.; cactus grand, fl. ʒi.; M. S. 12 gtts. every 4 hours day and night. Alternated with—℞. Lobelia, fl. ʒii.; digitalis, fl. ʒi. M. S. 15 gtts

At bed-time gave gr. i. podophyllin combined with bitartrate potass. Continued the above till September 11th. Heart and pulse were together at 90 beats per minute; the enlargement below sternum was nearly gone, but no abatement of dropsy. On said day left off the above treatment and gave two tablespoonsful of sulphate of magnesia at 6 and 9 a. m., 12, 3 and 6 p. m. Just after swallowing the above, gave ℥i. of best Holland gin. It caused thirty-five heavy, watery discharges from the bowels in eighteen hours, with a very perceptible shrinkage of body and great improvement in strength, so the patient could walk about the yard (I should have said in giving symptoms, the patient could not walk ten feet alone).

On the 12th day gave the two first prescriptions. On 13th day, gave sulphate magnesia and gin same as 11th and 14th, gave first prescription again. 15th, gave sulphate magnesia and gin. On morning of the 16th all signs of dropsy gone; instead of having a man of over 200 pounds, we had a 120 pound man, with the skin doubled in almost any shape, and *did* walk 350 yards in 2½ minutes about sun up. The heart was near normal; pulse round and strong; the enlargement below sturnum gone.

Commenced giving muriated tinct. iron, gtt. xi, three times a

day, and first prescription only at longer intervals; also, gave podophyllin at night, gr. ss; continued the above till the 19th. Patient went home; 30th, returned much improved; kept up iron for two months, also, podophyllin twice a week; also, cactus, lobelia and collinsonia three times a day.

He is in better health than he has been for years—no sign of dropsy, looks red and all right, except some trouble about the heart when he neglects too long taking first prescription.

We have had several cases of dropsy since we commenced treating the above case, and never have been longer than ten days bringing all the water away with sulphate magnesia, Holland gin and podophyllin and bi-tartrate potass. One case of an old lady 77 years old, the first thing we did was to tap and draw off nine gallons of water. Her legs had busrt, and had erysipelas up to the knee and were nearly black. We had all the water from her in ten days. Then gave iron and a good tonic bitters. I say in place of it weakening, they will gain strength, that is if you give the gin. Whisky will not do.

LYMPHO SARCOMATA TREATED BY HYPODERMIC INJECTIONS.

BY E. CARMICHAEL ROTHROCK, M. D., ATHENS, TEXAS.

In the December numbers, 1882, of the *Medical Brief*, St. Louis, and *Medical Summary*, Lansdale, published now at Philadelphia, will be found an article by the author of this, reporting two cases under the above title cured by hypodermic injections of arsenic and baptisia tinctoria. Last year we cured two more cases similiar in all important points to those reported at that time. One case, a Miss S., age 25; the other, a married man, age 46, and as his case represents a typical case, we will describe the condition and treatment. He had been in bad health four months previous to this attack—malarial fever. I saw him September 20th, 1884, pulse 80, temperature 99°, appetite good, bowels regular, complexion presented a yellow cachetic appearance, slight coat on tongue, debilitated. Upon examining his mouth found a soft, elastic swelling on the left side of the palate back of the lateral incisor. A wash was used of chlorate potash and carbolic acid and glycerine; a tonic administered for the debility—elix. gentian and iron. In a few days the tumor had increased to twice the size, and in about ten days,

in spite of antiseptic washes of various kinds, constitutional remedies, dissecting out of parts, the entire front of the hard palate was denuded of tissue, laying the bone bare and extending on the left side back to the last molar tooth, presenting a spongy, ulcerating, gangreneous mass, and very offensive. We had supported his strength with tonics and stimulants (wine); diet was nutritious. Arsenic and sulphite soda had been used for their anti-zymotic-alterative effects, in hopes of checking fermentive metamorphosis. Had dissected out all dead tissues several times, and kept the parts clean as we well could. The parts would not heal, slow tothrow (slough) off dead matter; about the 25th Oct., several pieces of bone exfoliated. The front part of the palate was bare of tissue, and the alveolar process on the left side could be plainly seen. In the meantime his appetite, which had been good most of the time, had begun to fail; his pulse would be normal at times, then would increase to 100 and 110; bowels regular up to this time; had only given two cathartics, not to deplete, but for constipation and to combat hepatic engorgement. The disease was on the increase; progressive, as was evident from the condition of the parts. Enlargement and tenderness of the tonsils and the lymphatic glands of the neck and axilla, throat sore, ear ache, pain in the head, "bones aching," liver and spleen enlarged and tender on pressure, deglutition difficult, urine highly colored; dyspnœa and palpitation of the heart becoming frequent, deprived him of sleep at night; pulse weak intermittent (heart failure), no appetite, tongue coated, diarrhœa. It was evident the patient was failing by the above symptoms; the disturbance of respiration and circulation, the disease becoming general, giving rise to secondary metastatic growths.

We concluded to use the hypodermic method; all remedies were discontinued but wines, stimulants and washes; the parts were injected with the hypodermic syringe, loaded with Fowler's sol. arsenic; three drops, baptisia tinc. and glycerine, each 10 drops, three times a week. After the first to the sixth injection a slight inflammation of adjacent parts was noticed; no swelling during treatment. After the third injection the pulse became stronger, nerveousness decreased, dyspnœa and palpitation of the heart eventually ceased as the treatment continued, the disordered impulse was replaced by a regular rythmical action, as evident on auscultation. After the fifth day the tumefaction rapidly diminished in size, and in fifteen days more had atrophied entirely with

healing of the ulcers, and in less than two weeks more the palate was covered with a new growth of tissue. On the 18th of December he was placed on tonics and discharged. Injections used twenty days, and the mouth healed up in that time. In thirty-four days from the first injection his mouth was well, or three months from the first attack of the disease.

CASE BOOK.

BY DR. C. KIRK, M. D., FEIN SPRINGS, MISS.

Under the head of Case Book I expect the liberty of writing anything for the JOURNAL that may pertain to facts in medicine or its several branches.

In the February number of the JOURNAL Dr. M. F. Dumas, among many other good things, says: "Coition is a frequent cause of abortion in women who are apt to abort. Nature never intended women to cohabit during pregnancy; they should only cohabit in order to propagate their species, beyond this they are mimicking the lower animals—the goat for instance."

Now, the brother may be only repeating the physiology of the best writers, but the facts are against him. If coition is ever a direct cause of the "mishap," I have never yet had reason to believe it in any case save excesses; but to the contrary a very rampant woman scarcely ever carries a child to the full time unless the great and annoying desire is to some extent gratified. This has been frequently noticed among the negroes of the South by "laymen." Nature has no other intention by the marriage tie in regard to coition except that the woman's desires and that of the husband's should be gratified in a natural, temperate way so as to give no cause for a constant violation of one of the ten commandments. And so far as mimicking the goat is concerned, our dear brother has that reversed also. It is well known to every farmer that farm and other domestic animals lose all desire (the case excepted sometimes) for coition as soon as they become pregnant, and the male respects that condition so much that he is scarcely ever noticed to exhibit a desire for a violation of the rule; but instead of this being the case with women, especially with cold and very delicate wives, the desire is augmented, and women who had only a faint desire have been known to invariably have a normal appetite for that pleasure.

I am the last man to encourage intemperance or excess in any

thing, but I don't think it is right to run over facts and be found on another extreme. Does our brother practice what he preaches? Then he is a model of a man, to say the least.

We have had the mumps in our practice this winter and have heretofore regarded it as quite a simple thing, and still do in its uncomplicated form; but when there is a transfer of the inflammation to the testese it is very painful and dangerous, as the following case will show:

J. P., Oct. 18, was found swollen very much around his throat and neck, also the right side of the scrotum was red, painful and considerably swollen. The tongue wore a dirty brown color. The pulse was full and frequent. He was semi-delirious and restless. The face had a dusky flush and constant cough, which was very hard and harassing. I gave the following treatment, which slowly relieved the most urgent symptoms, but his convalescence was slow: R. Beratrum; baptisia aa gtts. xx.; water, ʒiv. M. et S. Sig. Give a teaspoonful every one to two hours, according to fever, and at the same time give 20 to 30 drops of sulphurous acid in a wine-glass of water every two hours.

For the swollen testicle a liniment of equal parts of tinct. gelsemium and laudanum was sponged over it and a cloth wetted in same kept constantly folded over the gland. A pack of sheep's wool was made to surround the throat and face, and when there was much pain the gelsemium and laudanum were used locally for the face.

With the above treatment, varied to suit the smyptoms as they appeared, I have treated several cases with success, which were very bad and thought to be dangerous.

When there is a metastases of the disease to the testis, with symptoms of a blood poison, a bluish color of face and tongue, and much swelling of glands, the specific tinctures of baptisia and phytolacca, associated with the indiacted sedativ will give prompt relief. Of course, the baptisia is not the only zymotic remedy, but is qulte powerful when indicated.

MY POCKET CASE.—*Continued.*

BY I. J. M. GOSS, A. M., M. D.

Eucalyptus Globulus—Australia Gum Tree. Habaitat Australia.

Preparations used, dried leaves, tincture, fluid extract and oil, or eucalyptol. Through the cerebro-spinal nervous system, eu-

calyptus acts upon the mucous membrane of the throat and lungs, and slightly on the intestines and kidneys. It increases urea and the quantity of urine. It acts upon the stomach as a mild tonic, and is of special benefit in cases of catarrhal dyspepsia. It lessens blood pressure, and in over doses produces palpitation of the heart. It lowers the temperature in fever. Over doses sometimes partially paralyze the spinal cord. It excites the flow of saliva and gastric juice, and of course promotes digestion. It increases the intestinal secretions, and renders the alvine evacuations more copious and softer, when continued long. Upon the skin it acts as a very positive diaphoretic, and through the skin it is eliminated. In malarial affections it acts as a decided anti-periodic, especially in subacute and chronic cases of chills. Dr. Joseph Keller used it in four hundred cases of malarial poisoning, and two hundred and ninety-three had suffered from previous attacks. In the tertian type, seventy-five and a half per cent. was cured; of the quartan type, seventy per cent. yielded to the drug; and of the quotidian type, sixty-seven and three-quarters per cent. were cured. It will often cure where quinine has failed utterly. Its action upon the mucous coat of the respiratory apparatus renders it a valuable remedy in catarrahal affections, especially where there is bronchorrhœa or muco-purulent expectoration. It is a remedy in chronic catarrah of the bladder. It acts well in chronic gonorrhœa, and in fetid leucorrhœa it acts finely.

Euonymous Atropurpurens—Wahoo. Habitat, America.

Preparations used—normal tincture or fluid extract and solid extract. Through the solar and hypogastric plexuses of nerves this article has three centres of action. It acts upon the digestive organs. Its action upon the liver is similar to that of podophyllin, but more direct and powerful. It produces a free flow of bile. In large doses it sickens the stomach and produces headache, and if continued in large doses, it produces diarrhœa. It is the remedy for a torpid liver. And in cases of indigestion, with inaction of the liver, this, with some good tonic, as hydrastin, will soon correct this pathological state. It acts well in intermittent fever, especially where the patient has been dosed with calomel. The dose of euonymin is 5 grs. As a cathartic, 30 gtts. of the tincture.

Gelsemium—Yellow Jessamine. Habitat, Southern States of N. A., Mexico, etc.

Parts used—tincture of the root bark. Through the cerebro-spinal system gelsemium sempervirens acts upon the centric motor system. It lessens blood pressure, and in large doses, lethal doses, it paralyzes the heart and respiratory muscles. It lowers the temperature in fevers, especially malarial fevers, not so much in zymotic fevers. In large doses it first paralyzes motility, then sensibility. It does not act upon the cerebrum until it profoundly acts upon the motor tract. Lethal doses paralyze the respiratory muscles, and thereby produce death. It affects all the sphincter muscles of the body. In the hot stage of malarial fevers this is a most potent remedy, and procures a remission, and thus prepares the patient for quinia. It is a valuable remedy in dysentery. Dose, 20 gtts. Its effect upon the muscular system renders it one of the most trustworthy remedies in rigid os uteri in labor. I have found it of direct utility in gonorrhœa, in the inflammatory stage; for this purpose, 20 drops may be given three times a day with 5 gtts. of fl. ex. of cannabis indica, and 20 gtts. of tincture of the oil of sandal wood, or 30 gtts. of the tincture of cubebs. I frequently use it with good effect in cases of spermatorrhœa, attended with prostatic pain and tenderness. In catarrhal conjunctivitis, gelsemium with aconite should constitute the first treatment. It has a fine effect in cases of facial neuralgia, generally giving prompt relief. In what is called "*brow ague*"—malarial neuralgia—gelsemium, alternated with quinine, generally succeeds promptly. The preparation to be used, is the saturated or normal tincture of the freshly gathered root.

BITES OF VENOMOUS SNAKES AND REPTILES.

BY M. W. HENRY, M.D., WAELDER, TEXAS.

My attention having been called to this subject by the article of Dr. Condee, in the November number of your Journal, I thought that it might be well to give a treatment for such cases which, in the hands of the writer, has been so successful as scarcely to demand anything more desirable. In this semi-tropical latitude, such cases are probably of more frequent occurrence than in the more northern sections of our country, and in a practice of upwards of a quarter of a century has brought many such cases up for treatment, and therefore I can claim an expe-

rience which may be of some value to my professional brethren. Upon being called to a case, I scarify freely around the wound, and cup, if the wound is so situated as to render it practicable; and at the same time I administer freely an alcoholic stimulant, for which purpose good corn whiskey answers well the indication. I then take a piece of washed cotton lint several inches in diameter, saturated with the following antidotal mixture:

℞. Iodide of potassium, grs. x; iodine, grs. xxx; water, ℥j.; mix, and apply over the wound and contiguous parts, and renew occasionally until the symptoms of poisoning abate. I have generally kept this solution applied until it blisters the surface slightly. I do not remember to have met with a single case of serious sloughing of the wound unless there had been such delay before the application of the remedy as to cause the death of the parts in close contiguity to it, which, of course, would necessitate a slough in spite of any treatment.

I use this solution of iodine indiscriminately as an application to the bites of venomous serpents and reptiles, and also of insects. I would not be understood as condemning the injection of an antidote in and around the wound, for I believe such a treatment to be rational, and to give promise of much good, especially when it is practicable to use the remedy promptly after the injury.

Dr. Condee says that "Every physician knows that whiskey has no curative effects; is simply to sustain the vital powers until the system eliminates the poison." Now, it appears to me that an agent that will safely tide a patient over a crisis to a period of convalescence in one sense of the word is curative, and that many of our valued articles of the materia medica do no more. I am willing to admit that alcohol is not an antidote in the strict sense of the term, but I do believe that it is antiseptic, and a safe and powerful stimulant, and that it is therefore highly anti-pathic, and a most valuable adjuvant in the treatment of the cases under consideration. Let us not, then, underrate its value, but rather give it due credit for the virtues it does possess. I am afraid that our physicians are too prone on discovering new remedies and means of cure, and to discard old and valuable agencies. Let us prove an agent either deleterious or worthless before we discard it. Although I have been devoted to reforms in medicine throughout my whole career as a physician, I am more conservative than some of my professional brethren, and

I sincerely regret to see extreme radicalism, as I believe it has in many instances done our cause more harm than the most determined attacks of our enemies.

If this article should inspire any professional brother with confidence in a treatment which I feel assured will seldom disappoint his expectations, I shall feel amply rewarded for writing it.

IN MEMORIAM.

A Few Lines to the Memory of the Late Medical Bill.

Special to the News.]

AUSTIN, March 8th.—Senator Davis received the following note a day or two ago, which explains itself:

FORT WORTH, TEXAS, March 5th, 1885.

To Hon. W. O. Davis, Hon. J W. Jones, Hon. J. O. Terrell and all others who fought the medical bill and succeeded in cutting its throat from ear to ear and burying it in oblivion:

Gentlemen:—Accept our hearts' deep gratitude for the gallant and successful battle recently fought in defense of Æsculapius and his followers. Thank God the State Senate is packed with "statesmen and sages" who know how to uphold the standard of the noble profession of medicine.

AUG 16 1885 LIBRARY ASS'N

The idea of a few "boys of the State Medical Association" wanting to control 5,000 physicians of the State! Furthermore, what an absurdity, and how preposterous, the idea of requiring graduates of first-classs schools coming into the State to go before Texas interior examining boards to test their qualifications—men who have spent their time and money for years to obtain a diploma. You can rest assured that the profession of the State will rejoice over the killing and burial of the aforesaid god-forsaken, unmitigated and hell-deserving medical bill. Very respectfully, many Alopathic (regulars) physicians of Northern Texas, graduates of University of Pennsylvania, Jefferson Medical College, Bellevue Medical College, New York, and University of Louisiana.

The Philadelphia *Medical News* and *Medical Times* criticise severely the detailed medical reports of Gen. Grant's case that appear in the daily papers. The latter journal calls the attention of the attendants of the distinguished patient to the Code of Ethics, Sec. 1, Art. I., ¶ 2; also, Sec. 2, Art. I., ¶ 3.

ABSTRACTS.

CHRONIC ARTICULAR DISEASE.—In the *Lancet*, Nov. 1884, p. 763, is published a lecture by Mr. Barwell, concerning the management of two principal forms of chronic articular disease; (1) that arising in the bone, and (2) that commencing in the synovial membrane. The author takes a case, in which he supposes that a certain portion of bone is enlarged, painful, and particularly sensitive to pressure; that the pain augments at night, and the limb starts violently just as the patient is falling to sleep, and the skin over the tender point of bone is red. These symptoms show that suppuration is imminent or has already commenced. This is the time for the surgeon to step in, and he should choose a point whence he could reach the bone without opening the synovial cavity; and here, pushing aside a little flap of soft parts, together with the easily detached periosteum, he may with a small trephine head make an opening in the bone. While this is being done, he must observe what sort of fluid flows. If it be not pus, he must explore with a needle until pus is reached, or until it is certain no pus has formed. Pus, when present, should be detected and eliminated; but the treatment answers as well if pus have not already formed. After having established an opening, it should be kept open by means of a drainage-tube, so as to allow the cavity to heal with granulation from the bottom.

The author next goes to the treatment of the sluggish form of synovial disease met with in strumous subjects, where there is a persistent tendency to the growth of flabby granulations which may ultimately undergo suppuration.

In these cases, the greatest value will be found in applying pressure to the affected part. This may be done by means of ordinary strapping, or by strapping one of the medicated plasters over the joint. The strapping should be often changed so as to make the pressure equable as well as persistent, and in many cases this is best attained by using a bandage of elastic webbing. If the swelling be large and soft, mere pressure is rarely sufficient; but the granulations must also be stimulated, and this is effected by injecting among them a solution of some slight irritant. The best fluid to use is tincture of iodine, beginning with a half a drachm to the ounce of distilled water, and in-

creasing up to two drachms are generally sufficient, and this may be repeated once or twice a week. The limb must be placed in the most advantageous position, as a certain amount of stiffness is bound to follow; and great care must be taken to prevent as much as possible the limb from becoming fixed in any awkward position.—*The London Medical Record.*

CHOLERA TREATMENT.—Surgeon F. E. McFarland thus writes (*Dublin Journal of Medical Science*, Aug. 1884,) his experience with cholera with special reference to the use of permanganate of potassium:

"This is certainly the most successful I have seen. The late Surgeon-Major, W. A. White, R. A., employed it always, and it was from him I learned it. I think he first saw it used in Bulgaria. It has many things to recommend it. In the first place you can carry a small bottle in your waistcoat pocket, sufficient to treat hundreds of cases, and no other medicine is necessary; in the next it is a pleasant remedy. From the beginning to end there is nothing in the treatment to cause apprehension to the patients or add to their sufferings. The plan Dr. White adopted was to give a teaspoonful of a palatable solution of the pure salt every ten minutes regularly, by the watch, until reaction was established, and then give beef tea, etc. I have carefully ascertained that one grain to four ounces of pure or distilled water is the strength of the solution required. The salt must be pure, and the solution must be renewed if it becomes discolored, as it sometimes does. Condy's Fluid will not do. I was much struck the first time I saw it used. I had been treating a soldier patient with the salt solution from early morning till 9 a. m., and was sinking fast. Dr. White then relieved me while I went to breakfast, and on my return I found my patient with reaction well established. I saw Dr. White treat several cases with the permanganate, and certainly I have never treated a case in any other way since, and I have had several sporadic cases. I treated one case for six hours before any material sign of improvement took place, and after sixty doses reaction became thoroughly established, and the patient made a good recovery. At the same time another man was attacked, and his symptoms were relieved in less than two hours. With the permanganate treatment the patient may drink water freely, or, what I think better still, meal and water, warm. The only thing is not to

give the drink just on top of the permanganate, but wait three or four minutes, which the patient will willingly consent to do. I have told many of this treatment. Some object on account of the smallness of the dose. One medical officer to whom I recommended it gave it in ¼ gr. doses; and this caused a burning sensation to the patient's throat and added to his sufferings. The dose I mention is the proper dose; if more than a teaspoonful is given it is rejected, like everything else. The first symptom relieved is the sickness, then the thirst, then heat returns, purging and cramps cease, and after some hours the kidneys act. Cholera is terribly fatal with children. I have seen many carried off by it before I knew of the permanganate treatment, and since then I have never had an opportunity of trying it. I think in the case of children it would be a most valuable treatment, if anything would; and I do not see why a young child might not get the same dose as I have named for an adult. The dosology is very difficult in the case of children when the old stereotyped methods of treatment are adopted, and it is very difficult to know what to do for a child, and treatment is very unsatisfactory.

I will now speak of accessory treatment, and first of drinks: To withhold water from a cholera patient is, I think, the height of cruelty. Except it be to arrest the sickness of the stomach (which it is doubtful if it does). I do not see why ice is so much recommended. The mouth, tongue and breath are cold, as is the surface of the body, and the temperature, as shown by the thermometer, is much below normal. True, patients will munch any amount of ice, or drink any amount of water, but they will drink salt and water with as much avidity, and I have found they will enjoy warm meal and water just as much. It is fluid they want, to supply the loss of water in the blood, and they will take it in any form. I put a good handful or two of oat meal in a can of hot water, and let them drink as much as they like of it, warm.

Sinapisms are useful sometimes over the heart and epigastrium. Hot bottles to the feet, sides, etc., are of great use.

Handrubbing: This is often done very roughly. As the patient shouts out to rub hard, the cuticle is soon rubbed off the legs, which are most affected with cramps, and this adds much to the suffering afterward from contact with the bedclothes. The proper way is for the assistant to lubricate the hands well with

warm oil, and to knead, press and squeeze the affected parts rather than rub them.

Injections: I heard of one medical officer who had good success from injecting, per rectum, large quantities of decoction of log-wood, warm. I have never tried injections, but I would be inclined to try large quantities of a dilute solution of permanganate of potash, warm as the patient could comfortably bear, or large quantities of salt and water, with chlorate of potash, well diluted and warm.

Bleeding: I saw one remarkable recovery after bleeding. One night, during the height of the epidemic in 1862, at Allahbad, two patients were brought to the hospital, as bad almost as they could be. It was before I saw the permanganate treatment. I tried the salt treatment, gave them champagne, put on sinapisms, etc. They rejected everything given by the mouth. I had heard of 3 cases in gaol of natives who had been treated by venesection and recovered. I opened a vein in the arm of the worse case of the two men, but could only squeeze out a few drops of black blood, like tar. I then opened a vein in the other arm with the same result; the man would not bleed. I left him and was attending to the other case, when some one came to me to say the man was bleeding profusely. I bound up his arms pretty quickly; reaction returned; he turned over on his side and went to sleep, and never had an unfavorable symptom afterwards. As he had other treatment, I will not say positively it was the bleeding that saved him, but humanly speaking, I believe it was. I tried it in two or three cases afterwards, but not sufficiently. I did not give it a fair trial. It was by accident the successful case bled so profusely.

Stimulants: I believe in the non-stimulant plan of treatment; at the same time, if a patient had a craving for alcoholic stimulants, I do not know that I would withhold them; but I have never observed this craving, rather the reverse. If I did give stimulants it would be what the patient was accustomed to. Soldiers, I have noticed, do not appreciate champagne.

These are the few remarks I have to make on the treatment of cholera according to my limited experience, and I give them for what they are worth. There is nothing original in anything I have named; even the meal and water was recommended to me by a Scotch officer not connected with the profession.

Without venturing to recommend it confidently, I incline to

the permanganate of potassium treatment; and yet I must make an important admission—namely, that I have never seen it tried at the commencement of an epidemic. I have seen it stated that at the commencement of an epidemic nine-tenths die; in the middle one-half, and at the close nine-tenths recover. If this be true, the permanganate can hardly be more unsuccessful than any other treatment at the commencement of an epidemic. I have seen the permanganate used when the epidemic was pretty near its height, and in several sporadic cases since, and I prefer it to any treatment I have yet seen. Neither would I like to let a patient die without trying venesection. A little blood from the arm might relieve embarrassment, caused by the right side of the heart being unduly loaded, and turn the tide in his favor, and if the patient will not bleed there is no harm done."—*Weekly Medical Review.*

IRON AS A MEDICINE.—J. Clark Slay, M.D., of N. Y. City, in *Medical and Surgical Reporter*, says:

The intention is not to speak of the therapeutic importance of iron in this short article, for this is presumed to be familiar to every practitioner; but we will endeavor to show, by chemical and therapeutical comparisons, the advantages possessed by one form of iron over another, of the most common preparations in use.

Long before medicine was entitled to rank as a science, iron in some form was given to cure the sick; and from then up to the present time its utility as such has never been questioned by the profession at large, but the subject of its most appropriate form, to derive its full worth without being accompanied or followed by objections equal to or outweighing its virtues, has constantly been agitated.

Some physicians have continued to give, while others have returned to giving simply metallic iron (Ferrum) in a state of minute division as being preferable to any of its preparations; but these are very few in point of numbers, for they soon reach the conclusion that iron plays but little or no part in the healing art, and it is discarded entirely from their lists.

The least, and, perhaps, the most, that can be said of iron in an uncombined state, is that, while it possesses but few objections, it has less virtues. Many of our most valuable medicinal agents, both mineral and vegetable, seem to depend upon their union with other agents to develop their full therapeutic strength,

and this is not more true of any of our medicines than it is of iron.

Acids possess the property of developing the full medicinal force of iron better than any known agents, and to so great an extent is this recognized that it is safe to say nine-tenths of all the iron prescribed is in the acidulous form. Acids, however, differ widely in their chemical construction, in their astringency and assimilability, and, hence, in their usefulness as therapeutic agents, either when given alone or in combinations. Not to go minutely into the chemistry and therapeutics of acids, it is sufficient for our present purpose to know that the organic acids are not irritating, less astringent, more easy of assimilation, and equally as efficacious in combining with iron, giving them a decided preference over the inorganic acid preparations. The inorganic or mineral acids are all more or less caustic and astringent, and when in combination with iron are not only often injurious to organic structures, such as the teeth and mucous membranes, but are also appropriated with difficulty on account of their astringency.

Some authors claim that the mineral acid preparations of iron act in no other capacity than that of astringents. While this is true in the main, it is not literally so. Every physician can call to mind cases where prompt and beneficial results followed the use of the sulphate, carbonate, muriate, and other inorganic acid preparations of iron, where their astringent properties were not called for; but he can, at the same time, refer to innumerably more, where no results or injurious results followed their administration. It would seem that the few instances in which the caustic and astringent properties of the mineral acid preparations of iron do not equal or outweigh their good effects are so few, indeed, that they serve only as the exceptions to the rule; and particularly is this the case among that thin, anæmic, chlorotic class of patients who stand most in need of iron. The organic acids, however, are entirely destitute of irritating properties and very slightly astringent, which eminently fits them, so to speak, to draw out the full medicinal strength of iron without the accompanying objections to the inorganic acid preparations. The acetate, citrate, malate and other organic acid preparations of iron, have proven themselves mild, efficient, and in every way preferable to the stronger acid preparations, unless the sole object be that of a caustic or an astringent. The malate, in the

form of solution ferrous malate, we will endeavor to show further along as having advantages over all other forms of iron.

The objections to the strong mineral acid salts of iron have been the means of bringing out a number of non-acid preparations, such as reduced iron (iron by hydrogen), dialyzed iron, etc.; but we will venture to say that clinical experience has proven them to be about as worthless as they are harmless. Reduced iron, of course, is simply metallic iron in a minute state of division, while the very mode of preparing dialyzed iron, its non-diffusibility, seems to us a positive guarantee against its ever passing out of the intestinal canal, and, therefore, never reaching the blood.

The foregoing seems to warrant the following suggestion: To derive the full therapeutic importance of iron it would seem that it must be in combination with an acid; and to be void of caustic and astringent properties, it must be of the organic instead of the inorganic acidulous form.

There are, however, other considerations of equal importance. As is well known, iron combines with other elements and radicals in two proportions, and those oxides, chlorides, acetates, malates, and other salts, in which the atom of iron appears to possess inferior affinities, are termed ferrous, the higher being ferric salts; but the higher the oxide, iodide, citrate, carbonate, etc., the more difficult of assimilation becomes the preparation. To so great an extent is this being recognized, both by physicians and chemists, that the former are ceasing to prescribe preparations of the ferric if similar ones of the ferrous salt are obtainable, while the latter are laboring to make stable preparations containing the ferrous salt only. The difficulty is not so much in being able to make preparations containing the ferrous salt as it is in retaining them as such, so great is the affinity between the elements that the ferrous is soon converted to the higher salt of iron. The saccharated carbonate of iron and solution ferrous malate are the only two stable preparations of the ferrous salt largely in use, which, in point of assimilability, gives them advantages over all other preparations of iron. The former of these two preparations is prevented from further oxidation by the addition of sugar to the freshly made ferrous carbonate before being exposed to the air. If, however, it is not properly protected, a portion of the ferrous will afterwards be converted to the ferric salt, and the assimilability of the prepara-

tion thereby lessened. The saccharated carbonate of iron has been in use quite a while, is widely known, and laid down in chemistry and therapeutics as being the most assimilable form of iron that we have. The latter preparation, solution ferrous malate, is of a more recent origin, and, though extensively prescribed wherever known, it has not yet met with that recognition due it, and which it is destined eventually to receive. We have in this preparation the ferrous salt, pure and simple, and permanently retained as such by an alcoholic syrup solution being made of the newly prepared ferrous malate. It has a great advantage over the saccharated carbonate of iron in being of the organic, instead of the inorganic acid form.

Chemical knowledge and therapeutical experience prompts a slight amendment to our former suggestion, which we feel should give to it almost or quite the distinction of a rule: *To derive the full medicinal strength of iron it must be in combination with an acid, but to be void of all objectionable features it must be of the ferrous organic instead of the ferric inorganic acidulous form.*

Solution ferrous malate meets these requirements. We have in this preparation the ferrous salt in combination with a fruit acid.

CONGESTION OF THE MEDULLA OBLONGATA, A PRIMARY CONSEQUENCE AND SECONDARY CAUSE OF EPILEPTIC AND EROTIC DISEASE.—The view long prevalent that the cerebellum was the seat of the sexual impulse was strengthened for a time by the occurrence of several cases in which disease or injury of that organ was followed by either priapism or wasting of the sexual apparatus. The researches of modern physiologists, however, have shown the error of this view, and indicate that the controlling genital centre is in the medulla, and that the degenerative changes which ensued were due to an accompanying, but unperceived, involvement of that structure, and not to the cerebellar lesion. Among the observations which have led to this conclusion, it was noticed that extirpation of the testes in early life, with consequent abolition of the sexual passion, was not followed by any changes in the cerebellum, while cases of complete destruction or absence of the cerebellum have been recorded in which there was no diminution of that passion. The cocks from whom M. Flourens removed the entire cerebellum endeavored to gratify their sexual desire after the performance of the operation, and the monkeys upon whom the same exper-

iment was made by M. Ferrier, acted in a similar manner. Among the lower members of the animal kingdom, those that have the smallest cerebellum frequently manifest the greatest sexual appetite. Frogs and toads, for instance, have only a narrow strip of cerebellar substance, and the lamprey eel has almost none, but the sexual propensity is very strong in all three. The same disproportion exists in the higher animals. Finally, it has been ascertained that stimulation of the cerebellum does not produce the slightest effect on the genital organs. On the other hand, Eckhart has shown that the vascular turgescence, which is the essential element of erection, can be produced by irritating the pons and medulla. Killian succeeded in exciting movements in the uterus and Fallopian tubes of various pregnant animals by irritating the medulla. Blows or injuries over the cervical region, as is well known, are apt to be followed by priapism, or gradual dwindling of the testes. Erection of the penis and emission of semen are among the characteristic phenomena of death by hanging. Congestion of the medulla is an inevitable consequence, and at times an exciting cause of epileptic attacks, and every attack in the male is marked by a seminal emission.

This intimate relation between the medulla and the genital organs was known to the ancient Greeks and Romans. It is illustrative, however, of the frightful depravity of those days that this knowledge was utilized in stimulating the jaded sexual appetite, and not in restraining it or modifying its effects. They were also aware of the morbid connection between epileptic attacks and sexual excesses, and suggested many curious theories in explanation.

It was not, however, until about thirty years ago, that the pathogeny of these affections was well established. About that time Schroeder Von Der Kolk, of Utrecht, announced, as the result of his investigations, that while the proximate cause of epileptic attacks consisted in a too highly exalted state of the ganglionic cells of the medulla, by which they were excited to action by the stimulus of any peripheral irritant, yet that each succeeding attack, by the congestion and consequent dilatation of the vessels with which it was accompanied, gradually produced a state of chronic congestion and dilatation of the vessels of the medulla, which, in turn, reacted upon the ganglionic cells, increasing their sensibility and consequently increasing the liability to constantly recurring attacks. He also stated that experience

had shown him that removal of the peripheral irritation early in the disease had, in some instances, been sufficient to effect a cure. If, however, treatment had been deferred until chronic congestion and dilatation of the vessels had occurred, the removal of the irritant might suspend the attacks for a time, but the slightest indiscretion would cause their return. In these cases it was of the utmost importance to remove that greater or lesser congestion of the medulla, as well as to get rid of the remote cause of irritation. With the view, therefore, of diminishing vascular pressure and lessening the flow of arterial blood to the medulla, he administered digitalis to his patients, and found that the attacks remarkably abated when the pulse became slower. The attacks did not cease altogether, though, and other remedies were tried with varying success. He finally resorted to the use of derivatives to the top of the head, but, as might be expected from the anatomy of the parts, obtained the best results when the cups, leeches or setons were applied to the nape of the neck. By this method his success was marvellous. Obstinate cases of eight and ten years duration were restored to permanent health, or ameliorated to a marked degree. The well-known neurologist, Dr. C. Handfield Jones, in reviewing the discoveries and plan of treatment followed by Von Der Kolk, says: "The good results obtained by him from the actual cautery, setons, leeches and cupping are certainly very striking. In some cases considerable improvement of the mental faculties, which had been impaired by the disorder, followed the use of these means. Blood is not merely a nutrient, but also an excitant. If the excitation be excessive, the so-called excitable districts of the brain, the medulla, and parts just above it may be wrought into a condition of abnormal irritability which blood-letting or checking blood-flow may relieve."

Sixty years before the publication of Von Der Kolk's observations, Parry had shown that convulsions could be prevented by compressing the carotids, and so lessening the amount of blood within the cranium. This method was subsequently employed with success by Romberg and Reimer. Since that time, though, the bromides have come into general use as remedies for epilepsy. They slow the heart, contract the vessels, and by thus lessening cerebral hyperæmia will, in the majority of cases, diminish that reflex excitability and remove the passive congestion of the medulla upon which the disease depends. At times, how-

ever, the congestion and dilatation of the vessels have been too long present to be overcome by them. In these cases the external derivative method of Von Der Kolk may be employed with every hope of success. If this, too, should be without the wished-for effect, then Alexander's plan of ligating the vertebral arteries may be adopted in suitable cases. By this plan Alexander claims that the nutrition of the medulla, and of the upper and even of the lower part of the spinal cord, can be influenced in the most desirable manner. In a paper which he contributed to Brain about two years ago, detailing the results of twenty-one cases in which he had tied one or both vertebrals, he stated that three of the patients had been entirely well for over a year, nine had been free from attacks for such a length of time that their cure might be regarded as accomplished, and eight were improving so steadily that the operation would be justifiable, even if no better results were ever obtained.

The remarkable interdependence of epilepsy and erotic disorders, and the ready manner in which they act and react upon each other, as cause and effect, was long ago recognized. Almost every writer on the subject has stated that sexual maladies are the most frequent cause of the epileptic disease, and that every convulsion is in turn followed by a seminal emission. No satisfactory explanation of this peculiar union was adduced until Von Der Kolk pointed out that they were both due to the same pathogenetic factor. "Onanism," he stated, "is commonly considered, and often correctly, to be a cause of epilepsy, but onanism and excitement of the sexual organs are, to a greater degree than is usually supposed, the result of irritation and congestion of the medulla oblongata." He accordingly advised, in obstinate cases of masturbation and spermatorrhœa the application of the same derivative remedies to the back of the neck which had been so beneficial in the cases of persistent epilepsy. This plan of treatment was also recommended by Professor S. D. Gross, as of especial value in cases arising from inter-cranial irritation. Notwithstanding this distinguished indorsement, it has not been adopted as a means of cure. Reliance has been placed altogether upon the administration of bromides and other remedies to lessen the reflex irritability of the genital centre, and the use of the urethral bougie to overcome the local hyperæsthesia. A series of cases recently reported, however, in the Practitioner, by Alexander Harkin, of Belfast, forcibly confirm Von Der

Kolk's conclusions, and illustrate the value of his derivative plan of treatment. The patients presented all the symptoms of aggravated spermatorrhœa. Seminal emissions occurred several times a day upon the slightest cause, and without any effort of the will. In some the irritability had extended to the bladder, so that urination was imperative every half-hour. In addtion, they suffered from vertigo, loss of memory, defects of gait and vision, and other manifestations of a central nervous disorder. All the usual remedies had been tried in vain. Dr. Harkin then applied cupping-glasses to the nape of the neck, abstracting from one to two ounces of blood. Relief was at once afforded in every case. The patients enjoyed a refreshing sleep that night for the first time for many months. The improvement thus manifested continued under the use of cold douches to the nape of the neck, and the administration of the bromides—which now produced their characteristic effects—and in the course of a few weeks the patients were discharged, completely cured.

There are two important lessons to be drawn from these gratifying results. One is that success in any difficult case can only be obtained by ascertaining the cause of the morbid symptoms, and instituting systematic, well-devised treatment to remove that cause. The other is, that a passive congestion of the medulla oblongata is frequently the most essential factor in the production and persistence of epileptic and erotic disorders, and demands relief even more imperatively than an irritable intestine or a hyperæsthetic urinary tract.—*Medical Bulletin (editorial)*.

CARE IN CONVALESCENCE FROM PNEUMONIA.—In a clinical lecture recently deliverad at the Hospital of the University of Pennsylvania, Dr. Pepper makes the following precautions that should be observed in convalesence from pneumonia:

"We have been taught, by sad experience, to be careful during the convalescence of certain specific diseases, notably typhoid fever, but I fear we are not nearly so careful in the management of convalescence from local affections, particularly those of the chest. It is one thing for the temperature to fall to normal, the pulse to come down, and the breathing become easy, and quite another for the local lesions to be entirely removed. Under such circumstances the patient, if allowed to expose himself, is in danger of a relapse. Even if a relapse does not take place, something which is worse may develop. If a slight trace of inflammatory process be overlooked, and the patient be allowed to

return to his ordinary occupation, it will remain and slowly take on a chronic degenerative change. The great majority of chronic troubles result from imperfectly cured local affections. This is pre-eminently true in regard to catarrhal pneumonia, and it is also true in regard to pleurisy. The criterion by which we are to judge when it is proper for the patient to rise, take exercise and expose himself, is solely the result of physical examination showing that all trace of local disease has passed away. We cannot be governed by the general symptoms, for these may subside in a most satisfactory manner, and yet the patient be far from being entirely cured. The care which has been insisted on in the acute stage should never be relaxed until the physical examination shows that all local change has passed away, unless, after pursuing a judicious course, and keeping up this care for a reasonable time, we find that the patient, in consequence of some constitutional defect or peculiarity, is passing into a chronic stage. Under such circumstances further confinement instead of being a benefit, would probably injure the constitution. The patient is then to be treated as one with a serious chronic disease, and although he is allowed to go about, it is under a most rigid hygienic regimen."—*Physician and Surgeon.*

A NEW THEORY OF THE MENSTRUAL PROCESS.—The following are the salient points in the interesting work of Dr. Loewenthal, which was recently published in Leipzig (*Allgemeine Medical Zeitung*, January 3, 1885): 1. The periodical flow of blood from the genital organs of the female is not the consequence of the (for the most part coincident) rupture of a Graafian follicle, but the result of the shedding of the mucous membrane lining the uterus, which is independent of the rupture of the vesicle, and takes place before it. 2. The formation of the menstrual decidua is due to the embedding of the very last ovum set free in an unfructified condition from the ovary. 3. It at once transforms itself into the decidua of pregnancy, if the embedded ovum becomes fructified, and it is shed in consequence of the death of the ovum, if this remains unimpregnated. 4. During menstruation the bursting of the vesicle and the menstrual bleeding have no other casual relation to one another than is to be found in the causes and conditions simultaneously present affording a favorable opportunity for the bursting of a matured follicle. 5. The coincidence of the bursting of the vesicle and the flow of blood is consequently no necessary one, and either can appear

independently of the other. A vesicle can burst without there being present at the time a menstrual decidua. The secondary consequence of the escaped ovum, i. e., the menstrual bleeding, can appear without a new vesicle bursting at the same time. 6. The periodicity of the menstrual flow is dependent upon the vitality which the ovum is capable of maintaining outside of the vesicle when embedded and remaining unfructified. The general or individual variations in periodicity depend upon the shortening of, or entire want of this extravesicular life, whether it be idiopathic or caused by intervening influences. 7. For impregnation to take place an ovum usually freed from the vesicle at the time of the last menstruation must be always present, normally, in the uterus, in abnormal cases somswhere outside of it.—*Medical Record.*

WEIGHT AS AN INDICATION OF THE CHARACTER OF RISKS FOR LIFE INSURANCE.—Dr. Joel Scavern gives in the *Boston Medical and Surgical Journal* of October 23, some facts formulated from the death tables of the Royal Arcanum (containing the records of 974 deaths), which no doubt will prove interesting to medical examiners of Insurance Companies and beneficiary Societies. He gives in tabulated form the records of 138 deaths of persons whose weight was less than 20 per cent. below the standard, the standard weight being estimated in relation to the height of the individual. He shows that a weight of 15 per cent. below the normal standard carries with it a constitutional disease, especially to chronic diseases of the lungs, even in cases where the family history is apparently free from such diseases. On the other hand, he finds that persons weighing over the standard weight may be considered as better risks, as the death records in these cases point out an increased ratio of mortality from acute diseases, at the same time showing that the number of deaths from cardiac and cerebral diseases is much smaller than would be naturally anticipated. In concluding, he asserts that with regard to "light weights" the usual variation of 20 per cent., which is assumed to be within safe limits, is not safe; and if young men are accepted whose weight is 15 per cent. below the standard, it is approaching dangerous ground, and inviting, as it were, deaths from phthisis, etc. With the "heavy weights" the case is different. Provided that we see the heart and kidneys are healthy and that the family history does not point to cerebral disease, a margin of 25 per cent. above the standard is not dangerous in men who have not injured, or are not injuring themselves with alcohol.—*Medical Review.*

EFFECT OF ALCOHOL ON ARTERIES.—Dr. Loomis, of New York, on presenting a case of aneurism to his class made the following pointed statement touching the causative relation of alcohol to this accident: "A man can take two or three glasses of stimulants through the day as he may feel the inclination, and he may continue this habit for perhaps twenty years without any evident harm accruing from it; but, when this man reaches that period of life when the vital powers are on the decline, he suddenly feels himself old before his time, for he has all these years been laying the foundation of a chronic endoarteritis. I believe, gentlemen, that fifty per cent. of all these diseases arise from the use of alcoholic stimulants. The more I see of disease, the more I am convinced that, as a rule, a man is young just in proportion as his arteries are healthy, and old as they are diseased."—*Medical Age.*

A BISMUTHIC HAIR DYE.—The following formula for a hair dye, "containing no lead and absolutely harmless," is credited by M. Naquet, who publishes it in *Moniteur Scientifique:* Dissolve bismuth in the smallest possible quantity of nitric acid—nearly three parts—and to this solution add a watery solution of tartaric acid equal in weight to a fourth of the bismuth used. Then add enough water to precipitate the bismuth. The precipitate is then filtered and washed with water until the washings have lost all their acidity. The precipitate is then dissolved in a solution of ammonia—of which about a fluid ounce will be required for each ounce of the bismuth used. Hyposulphite of soda—three-fourths of the weight of the bismuth employed—is then added, and when the salt is dissolved the mixture is filtered and preserved in well-stoppered bottles. The dye is the sulphate of bismuth, which is deposited through the evaporation of ammonia on exposure to the air—*Medical Age.*

A CORREPONDENT thus writes: "Regarding the native treatment of diseases in India, one of the most curious things I ever witnessed was a half-clad native shouting through the streets of a country town: 'Does any one want back his sight?—one rupee only!' as if he were hawking fruits or sweetmeats; and to my astonishment, a patient soon presented himself to be operated upon for cataract. There and then standing in the bazaar, the itinerant oculist took out his penknife and performed the operation in a few minutes, bound up the man's eyes, telling him to

keep in the dark for a fortnight, received his fee of one rupee, and shouted his war-cry for more patients. The operation was almost unvaryingly successful; one instance among my servants being a woman of eighty, who had charge of my fowl-house, and had for many days been sightless, except to distinguish light from darkness, and who in this way was successfully operated upon.—*Chambers Journal.*

OLEATE OF CHLORAL IN PRURITUS.—A writer (*St. Louis Medical Journal*) has had a so-called oleate of chloral made, which, he says, has been used with much success in pruritus ani, eczema, and other affections associated with much itching. The compound consists of one drachm each of camphor and chloral, and one ounce of oleic acid, thoroughly mixed together. Camphor and chloral in equal parts, forming a liquid, has long been known as a valuable remedy in cases where local anæsthesia of the cutaneous nerves is desired, and has been employed in neuralgia and pruritus. The addition of the oleic acid will undoubtedly increase the penetrating power of the mixture. It may thus be found useful in allaying the itching, while the other means are employed to secure permanent relief.—*Medical Herald.*

AMMONIACAL CHLOROFORM.—Richardson describes, in the *Asclepiad*, the effects of ammoniacal chloroform, as employed in continued fevers. He finds that when inhaled it diminishes the temperature, relieves pain, and maintains the alkalinity and fluidity of the blood. It is simply a mixture of equal parts of chloroform and stronger water of ammonia. The best results were obtained in puerperal, scarlet, and sceptic fevers.—*So. Clin.*

ACCORDING to the census of 1880, there were 86,000 physicians, 64,147 lawyers, and 64,698 clergymen, in the United States. Comparing these figures with the census of 1870, the increase was for physicians 23 per cent., for lawyers 57 per cent, and for clergymen 47 per cent. The increase of population was 30 per cent.

CITRATE OF CAFFEIN is now very largely employed as a diuretic, and is valuable in the treatment of dropsies of cardiac, renal, or peritoneal origin. It acts as a stimulant to the glandular epithelium of the kidney. The dose is from five to ten grains three times a day.

THE following test for sugar in the urine has for several years been employed by Dr. J. North, Professor of Chemistery in the College of Physicians and Surgeons, of Iowa: Place a few drops of the suspected urine on a piece of bright tin, and heat over a spirit lamp until evaporated, and then continue the heat a few moments. If sugar be present, it will be accurately indicated by the characteristic odor of burnt molasses, and by the puffy, carbonized appearance. If no sugar be present, it will be as distinctly shown by the characteristic odor of urine and by a bright, smooth, varnish appearance of the tin.

TURPENTINE IN DIPHTHERIA.—Dr. A. J. Miller (*Peoria Medical Monthly*) has treated twenty-four consecutive cases of diphtheria with turpentine. Every case recovered without any sequelæ whatever. The turpentine was given in doses of from one to two drachms every eight hours until the membrane disappeared. The patients were then put on a course of iron and quinine.

EDITORIAL.

DIURNAL FLUCTUATIONS.

Physiologists have established the fact that well-marked diurnal fluctuations of temperature, entirely within normal limits, occur. The minimum is from 1 a. m. to 7:30 a. m. According to Jurgensen, the lowest temperature occurs between 1 a. m. and daybreak, or 6 a. m. From 6 or 7 a. m. a rise very slowly begins, which, according to Flint, reaches its maximum at 11 a. m.; then a trifling decline sets in, like a recessive wave, for two or three hours, when another rise occurs, which reaches its maximum at 4 p. m. The normal average temperature of man is between 98.6° F. and 99.5° F., and is the same in all climates and races of men. According to the best authorities on this topic, the highest daily temperature obtains between 10 a.m. and 4 p.m., the maximum being between 3 and 4 p. m. The maximum temperature is from 1:30 a. m. to 7:30 a. m., the lowest point being reached between daybreak and 6 a. m. These fluctuations do not cover more than one or, at most, two degrees Fah., nor are they interfered with by food, or sleep, or season, or climate.

These normal variations of temperature during the 24 hours are important to note.

During the progress of diseases of different kinds or types,

there are noted fluctuations in the condition of the patient. Sick people are always worse during the afternoon and fore part of the night, which is explained by the foregoing facts. Then, again, we are guided in prognosis by the temperature. In a general way, we may lay it down that stability of temperature from *morning* to evening is a good sign in fevers and inflammations; or we may put it down that a variation of but 1° or 1.5° Fah. between the *morning* and the evening temperature is a good sign. On the other hand, if the temperature remains stable from the *evening* till the morning, or is higher, it indicates that the disease is deepening in severity. A *fall* of temperature from the *evening* till the morning augurs that the patient is bettering; on the contrary, when the temperature *rises* from the *evening* till the morning, it is a sign that the patient is getting worse.

During the progress of typhoid fever, if the temperature slowly rises during the first ten days, and if the evening temperature does not show any severe leaps over the morning, we may confidently predict that the progress of the case will be free of severe perturbations. But if, after the first week, the evening temperature rises steadily, does not decline much toward morning, or if the evening rise is a little earlier every day, then we may be sure of a bad case. In some of the worst cases of high temperature in the disease, we have seen delirium come on early, and when it continues with daylight the case is serious. A sudden fall of temperature may forebode hemorrhage, as this complication of typhoid fever is mostly preceded by such a sudden decline in temperature, and is a dangerous sign. When, during the progress of the disease, a fall is noted in the evening, and morning temperature remaining the same, we may predict approaching convalescence.

It is well to recollect that the rise of temperature in the opening stage of typhoid fever is very slow, and often several days elapse before a correct diagnosis can be made; but, then, if a steadily rising temperature prevails in the morning, be it ever so small, the case is most likely typhoid fever. Pneumonia is, on the contrary, attended with a sharp rise of temperature even during the stage of congestion, and when exudation has commenced the temperature rises rapidly, sometimes reaching 105° F. The first day or two it may be 103° F. It is well to note that there are exacerbations and remissions in this disease, and the daily fluctuations may be considerable. The temperature

usually lowers in the early morning, and is at its ebb about 4 to 6 a. m; then, toward afternoon, an exacerbation sets in; the rise of temperature over the morning may be 2° to 3° F. In bad cases the exacerbations commence early and by 1 p. m. the fever is at its rage; in most cases, not till 4 p. m. The worst rise is sometimes just before mending, and the highest temperature is, on the average, attained by the third day in favorable cases. When the 4th and 5th days are of high temperature, the case is grave. Decline of temperature may begin on the 4th and 5th days on the average, and commences most frequently late in the evening.

During recovery from acute febrile diseases the fall of temperature may be so low and sudden as to constitute collapse, and should be known to the young practitioner because many deaths occur from this cause, and to prevent it all efforts must be directed.

It is, also, of practical importance to know that, during acute diseases, there is, when the vital powers are low, great danger of death on account of a sudden and pronounced decline of temperature at night, and going below a safe point. It is well to watch all patients, sick with acute diseases, with special care at night.

It is a good rule to give some quinine in continued fevers, not to lower temperature, but to sustain the nervous system, which we believe it does when properly administered. The best time in the twenty-four hours to give it is when the temperature is falling, which must be determined by observation. Then it will not perturb the system, and will, on the contrary, steady and protect the nervous system and allow a fever patient to go through with less danger. One or two doses of 3 or 4 grs. each day, dissolved with tartaric acid, are sufficient

EUONYMUS ATROPERPUREUS.

Prof. Wm. M. Durham insists that this medicament is the remedy in habitual constipation. His experience with it has extended over many years, from which his conclusions are made. In doses of 3 to 5 drops of the strong tincture in simple water, and repeated several times a day, the most inveterate cases of this trouble have been permanently cured. It is not advisable to give it in doses sufficient to act as a cathartic; on the contrary, when this is brought about, the best effect of euonymus in con-

stipation is never obtained. He advises to commence with one drop doses, repeated three times a day, and to gradually increase the dose daily until the bowels act naturally; then to give the remedy in somewhat smaller doses twice a day, which will tone up the muscular coat of the intestines, and insure normal peristaltic action.

Some of the worst cases of atonic dyspepsia are associated with well marked disease of the liver, this organ being very markedly enlarged, owing to engorgement of its parenchymatous structure. The dyspepsia, we think, in these cases, is owing to the engorged liver, which obstructs the free circulation in the stomach, duodenum, spleen and pancreas, and keeps them in an unhealthy condition. If the engorgement of the liver can be dissipated in a way approaching physiological conditions, the dyspepsia can be cured. In these cases, euonymus, in small doses, gently stimulates the liver cells and promotes activity in the circulation of the organ.

In this sense, euonymus must be ranked as a liver tonic, because it acts, not as an irritant, which provokes congestion, but rather as a physiological stimulus to the natural functions of the organ, which enables its structures to unload themselves and thus renew their physiological activities.

As soon as the liver is relieved of its conjestion, the digestive canal improves in function, and the dyspepsia is cured.

Euonymus has decided vaso-motor properties, that is, it will diminish the caliber of the artrioles and stimulate the contraction of unstriped muscular fibre. In many diseases of the alimentary canal there is a loss of tone of the unstriped muscular tissue, and often we find in this state of things a profuse catarrh. Euonymous has long been known as a remedy in gastric catarrh; its action, doubtless, being due to its influence on unstriped muscle. In some forms of dropsy there is a weak state of the vaso-motors which permits a leaking through the walls of the minute vessels of serum, congestion then yielding to the blood pressure, and euonymus has been a favorite remedy in this class of cases. Besides all this, euonymus must be recognized as a stimulant to protoplasmic activities in the sense that it will excite vital activities. It is the most pronounced provoker of bile secretion known, and its action in this particular, is due to the protoplasmic elements of the bile cells being stimulated. In small doses reside the powers of euonymous as a vital tonic. There are

some peculiarities in the action of euonymous that may be recounted here. While it so remarkably increases the secretion of bile, it also, diminishes the quantity of urea. This latter fact may be owing to one of two causes. In the first place it is claimed by some physiologists that the main part of the urea comes from the splitting up of it proteids in the duodenum, by the action of pancreatic juice on them into lucin and tyrosin, and that these two products are carried into the portal circulation, and that one of them—lucin—is converted by the protoplasm of the liver cells into urea.

This view holds that impaired duodenal digestion favors the increase of lucin and tyrosin production, and, hence, entails an increased burthen on the liver, which is in the main are increase of urea and bile acids. To carry out the parallel, it is claimed the impaired intestinal digestion does provoke hepatic engorgements by exhausting the metabolic energies of its protoplasm; second, that the engorgement reacts on the gastro-intestinal function, and thus a vicious circle is set up, which may end in disease of the kidney as well as of the liver and alimentary canal. To remove this engorgement of the liver, euonymous is the chosen remedy, for reasons already stated. Besides this, the remedy has a tonic effect on mucous membranes, and on the parenchymatous struct. urea of glands; hence, its noted alterative properties.

The diminution of the quantity of urea in these cases is physiologically accounted for by the improvement in the digestive powers of the duodenum and the glands that pour their juices into it during the process of digestion, which is doubtless brought about by removing the engorgement of the liver.

It is claimed by some writers, that increase of lucin and tyrosin is provoked by liver engorgement; this condition delays the chyme in the duodenum by preventing it passing out through the capillaries of the intestine into the radical vessels of the portal vein. This delay serves to further split up the proteids into these products. Hence, when the products of digestion reach the liver, this organ is over-burthened with lucin, which must be converted into urea, to expulse which, from the blood, the kidneys are in their turn over-burthened.

These facts show us what an extensive range of action euonymus has, and points us to the importance of physiological studies to fit us for the intelligent and scientific practice of medicine.

ANIMAL HEAT AND FEVER HEAT.

Heat is produced by the burning or oxidation of the living tissues. By the tissues is meant the cellular elements that form or build up the organs and structures. We say that the liver is built up of liver cells; muscle, of muscle cells, and so on; hence, heat is being generated in every part of the body. The oxidation of the tissues is continually going on, and if the parts burnt up were not as continuously and rapidly restored, it is obvious the whole system would soon burn up and perish. But we find that a continuous supply of material to take the place of that which has been burnt or oxidized is ready at hand. The protoplasm of the cells are the active agents in the work of rebuilding and restoring the burnt parts of the tissues, which it does by taking from the blood the necessary material, and the blood, in turn, is replenished by the food the animal eats. Therefore, it is obvious that organic heat and nutrition are as closely associated as effect and cause.

The quantity of heat engendered in the bodies of mammals is very considerable, and amounts to 4 heat units per pound weight per hour. A heat unit is equivalent to the quantity of caloric necessary to raise one pound of water one degree Fahrenheit; hence, a man weighing 140 lbs. would generate in his body 13,440 heat units in 24 hours.

The sources of animal heat are those organs and tissues that are most active in the nutritive processes of life, and in which the most energetic metabolism is going on. According to Foster, the muscles, not only from their bulk, forming so large a portion (two-fifths) of the whole frame, but also from the character of their metabolism, must be regarded as the chief sources of heat. "A voluntary muscle is the most highly organized, and is possessed of the most varied endowments of all living structures."—*Flint.* In addition, the muscles contain one-fourth of the blood in the body, and, hence, an immense quantity of oxygen is continually present in their cells, and seeing that their fibres are the highest differentiated protoplasmic elements found in the body, their metabolism is very great even while in a state of rest, and much greater while in activity in our working hours. Next to the muscles, Foster places the liver. In it the protoplasmic energy of its cells is great indeed, seeing it performs many important functions and is, as we believe, constant in its function action. It also contains one-fourth of the blood in the

body and is the largest collection of protoplasmic units in the body. We find that the blood in the hepatic veins is the warmest in the body. Bernard found the blood of this vein of the dog to be 105.29° F., while that of the vena cava inferior was 101.5° F. to 103° F. and that of the right heart was 99.3° F. This shows that the blood, in passing through the liver, is heated several degrees higher.

The kidneys, pancreas and other glands come next in order as heat producers, and the brain is said to contribute a considerable share of heat, as the blood which comes from it is hotter than in the carotid artery. The other tissues may be passed by, as they contribute but little, comparatively, to the stock of heat. *Regulation* and *equalization* of heat are effected by the lungs and skin. The blood is cooler in the left heart than in the right by nearly 2° F. This loss of heat by the blood passing through the lungs is due to the cooling influence of the inspired air on the immense mass of blood that is constantly being sent to the lungs for purification; besides this, a large quantity of vapor is thrown off from the blood, as appears in the expired air, which also acts as an abstractor of heat from the blood. The skin is, par excellence, the chief regulator of temperature. Its extensive surface and the vast quantity of blood that passes through it must serve to lower temperature by radiation and evaporation. We will show how the nervous mechanism connected with the skin can very extensively control the temperature of the body. It is, therefore, *the* regulator of temperature.

FOOD has some influence on organic heat, as many observers have noted a rise of temperature about 0.4° F. to 0.5° F. after a hearty meal of mixed food; the rise is usually when digestion is at its height, at which time, also, there is an increase of oxygen and carbonic acid in the inspired and expired air. Sound digestion and sufficient good food are the protectives against the depressing influences of cold, heat and the wear and tear of life.

STARVATION lowers temperature, and as privation continues the loss of heat goes on, and just before death from starvation the heat falls rapidly. Severe mental emotions, as grief, rage, fear etc., lower temperature. So do exhausting labors, manual and mental, vigils and mental anxiety.

AGE has an important bearing on organic heat, which is at a higher, steadfast average during youth, budding maturity, and at the prime of life. Infants have the same average temperature

of youth, but they are unable to resist cold or heat to the same degree of protectiveness. After fifty years of age the temperature declines a trifle, and in old age resistance is feeble as in infants. It is said a trifling fall of heat is noted in women during menstruation.

EXERCISE, even when violent, does not raise the temperature higher than 1° F. This is owing to the increased activity of the skin, which, by perspiration, dissipates heat rapidly by evaporation.

ORGANIC HEAT AND NUTRITION bear a close relation. Food supplies the calorific material that is burnt in the tissues. It is known that a certain quantity of nitrogenous food must be taken along with fats and hydro-carbons to support life. In the absence of nitrogenous food, death rapidly supervenes as if the animal had been entirely deprived of all food. The nitrogenous material alone will support life much longer than any one form of food. It seems then, that nitrogen is needed by the protoplasm for its own reconstruction, to repair the wear and tear of the activity of life. The constructive metamorphosis of the tissues is the work of the protoplasm in the presence of oxygen. Therefore, we see that the protoplasm respires the oxygen and holds it in some way, to be used in burning fat, sugar, hydrogen, and part of the protoplasm itself must be yielded up to combustion that renewal and revivification of tissue may be constantly going on. All this is life, and life is heat, and heat is energy. The combustion of carbon into carbonic acid, of hydrogen into water, of nitrogen into urea, are all the outcome of protoplasmic activities, and all evolve organic heat. We find that the protoplasm can take nitrogenous food, as beef, albumen, gluten, etc., and make glycogen, which is burnt up to make heat. In extreme cold the system craves fats and strong, proteid diet, and this is owing to the great demand by the system for fuel to burn for calorification. Proteids in their sphere of use stimulate the protoplasm to activity simply because proteids are the specific food of protoplasm, from which it renews its own substance and energy. Men who receive a liberal share of proteid food can perform more hard labor and endure more severe taxation than when proteids are disproportionately small, and when animal food is liberally taken, the courage and endurance of the man is proportionately heightened. Organic heat and nutrition are closely allied with respiration. Eighty to ninety per cent. of the

oxygen taken into the blood is returned in combination with car- and the remaining ten or fifteen per cent. serve to supply other energies in the system, probably, essentially protoplasmic, or as storage, or force in the explosive energy of the protoplasm when it is storing material, or functionating in organic work.

THE INFLUENCE OF THE CENTRAL NERVOUS SYSTEM over the production of heat is manifest if we reflect that during the cold weather of winter the body temperature is maintained up to the normal, notwithstanding more heat is being lost then than during the warm seasons of the year. That more heat is absolutely needed in winter to maintain the body in health is proven by the increased appetite and relish for strong food and the avidity of the digestive organs at that season. On the contrary, in summer our appetite is less keen, so is digestion, and the demand for strong food is considerably less. These two facts teach us that when the body is losing its heat rapidly, as in winter, more heat is actually generated in it to supply the loss, and when the weather is warm less heat is being lost and less is produced in the body. Now, science confirms these propositions. In winter all warm blooded animals consume more oxygen in a given time and exhale more carbonic acid.

In studying vital temperature we are constantly reminded that it is the living tissues that are being burnt. We know that the organic nervous system presides over and controls nutrition, and that the activities of vital acts are increased or deminished according to normal exigencies of the body. Then, again, we are reminded of the state called fever heat. This is an exaggeration of vital burning of the tissues, a state in which there is a manifest loss of the controling influence of the nervous system from some essential cause. During fever heat there is an excess of carbonic acid eliminated, and a vast excess of urea thrown out of the body, at the same time the processes of nutrition are all held in abeyance and the body undergoes starvation and disintegration. The rise of temperature in fevers cannot be explained through the vaso-motors. It has been noted that along with this rise of temperature is also a loss of energy of the tissues themselves, that they degenerate, and their protoplasm is enfeebled and decaying.

The simple process of "taking cold," which is often followed by a sharp rise of fever heat that continues for 24 or 48 hours, then is followed by a sharp decline to the normal and restoration

to health soon after, can be viewed in no other light than the action of cold on the skin, which in some way suddenly and powerfully reacts on the nervous centres, depressing that part that controls the production of heat in the body and thus leaves the tissue unprotected to the erosion of uncontroled oxidation.

Cutting the sympathetic in the neck causes a considerable rise of temperature of the part supplied by the ramifications of that nerve, the parts are intensely hyperæmic and red, yet there is no inflammation, though the quantity of blood that circulates in the vessels of that territory under these circumstances is increased four fold. There is a hypernutrition of the tissues also. So much for loss of nerve control in increasing the temperature of a part. Temperature can be lowered by reflex action. If one foot is placed in cold water the temperature in the other foot falls 4° F. in a few minutes. Paralyzing the ulner nerve by cold, on the other hand, causes a rise of temperature of the hand of the limb, and this is due to vaso-motor paresis of the vessels, owing to the depressing influence of cold on the ulner nerve. Galvanizing the sciatic nerve lowers the temperature of the limb through vaso-motor stimulation.

If the sciatic nerve be cut, all the parts below the section are raised in temperature from paresis of the vaso-motor; however, if the central end of the cut nerve be galvanized, general blood pressure is raised and the temperature of the opposite limb is considerably lowered by reflex vaso-motor stimulation of the blood vessels.

ALLOPATHIC DISHONESTY toward students who they believe intend to practice liberal medicine, is often so shamefully outrageous that every liberal physician who has a student to send to college should be on his guard and not be flattered by the deceitful promises of Allopathic professors.

There are some liberal physicians in the South who have the mistaken notion that a diploma from an Allopathic college will carry more weight with the people and command more respect from the public than will a diploma of an Eclectic or Homœpathic College. This is an egregious mistake, as is being every day proven so by the immense demand there is for Eclectic physicians all over the country everywhere, while Allopaths are a glut in the land. Every cross-road is decorated with several Allopaths tramping around in hunt of locations. This is not the

case with Eclectic graduates, for every one of them, very nearly, go right off, as soon as they leave college, and settle in a locality and become a fixture, because the people are pleased with their success in practice, and are glad to patronize them.

Allopathic professors in Allopathic colleges will take a young man's money and hold out the promise to him that he will be graduated at the end of the term. If he has an Eclectic or Homœpathic preceptor, and is likely to practice one of the "irregular systems of medicine," then at the end of the term these Allopathic professors will tell the deluded student of a deluded preceptor, that the Code of Ethics will not allow a "regular" college to graduate students who are suspected of intending to practice an "irregular system of medicine."

This duplicity and bigotry are just fitted to Allopathic nature.

Eclectism has grown too rapidly in successful popularity to suit the Allopaths, and nothing is too mean to try that will have the least tendency to arrest its progress. Eclectics in the South know there is a decided preference in the public feeling for Eclectic practice, while there is as strong a repugnance against Allopathy.

THE STATE ASSOCIATIONS are the most important organizations we have, and should receive the most constant and solicitous nursing and support from our physicians The circular call sent out by the President of the Alabama Eclectic Medical Association should be honored by every Eclectic in the State by his attendance. The Arkansas Eclectic Medical Association will meet in Little Rock on May 10th, 1885.

Organization is the soul from whence comes the strength of any body of men. The Allopaths know this, to a man, and act on their knowledge. We are the best class of physicians, the most useful, and certainly the most popular with the people, and the only reason we do not occupy as prominent positions and wield as much power on the world around is simply because we are not organized up to the point we should be. We must become more sociable and conventional, and be better and more extensively acquainted with each other. To effect all these good things, nothing equals the opportunities the state associations afford. Unification and co-operative energy will make us the greatest school of medicine in the world. Only see how rapidly the leading Allopaths are stealing our investigations and discov-

eries, and to hide their thefts they turn in, one and all, and abuse, traduce and malign us. They take advantage of our ununited and unorganized condition, which they know is our only weakness, to inflict damage on us on every occasion. Let the Eclectics fully realize that a thorough and compact organization of all our forces in each State means more and better fees, more influence and death to Allopathy.

SUBSCRIPTION TO THE BUILDING FUND OF THE GEORGIA ECLECTIC MEDICAL COLLEGE.—The following are the names of the gentlemen who have contributed the wherewith to carry on and complete the grand undertaking the trustees have assumed for the benefit of Eclecticism in the South. We have received several letters from the alumni of the College since the appeal went out to them in last month's JOURNAL, who pledge us substantial aid in the near future. The work will be done; of this, there is no further doubt. The only question is, Shall the greater part of the burthen fall on the few noble and generous-hearted ones, or will all the friends of the College and liberal medicine do, each, his part according to his means. Every one who sends money as a contribution to this fund will be duly credited in the JOURNAL with the amount.

LIST OF CONTRIBUTORS.

Dr. W. M. Durham, Atlanta, Ga	$500 00
A friend in Michigan	100 00
Dr. J. W. R. Williams, Opelika, Ala	100 00
Dr. S. T. Biggers, Atlanta, Ga	200 00
Dr. S. P. Downs, Conyers, Ga	25 00
Dr. W. W. Power, Buford, Ga	25 00
Dr. Anise O. Pickering, Fullens, Tenn	25 00
Dr. J. F. Roughton, Atlanta, Ga	50 00
Dr. W. C. Fisher, Bolton, Ga	25 00
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Dr. J. A. McCrea, Ga	25 00
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Isaac Phillips, Atlanta, Ga	5 00

Col. W. H. Hulsey, Atlanta, Ga	10 00
A. L. Holbrook, Atlanta, Ga	5 00
Dr. W. T. Salter, Atlanta, Ga	25 00
Dr. M. C. Martin, Atlanta, Ga	25 00

IN MEMORIAM.

It becomes our painful duty to record the death of Dr. N. D. Hodgkins, which occurred at his home in Rocky Hill, Conn., on October 23, 1884. Dr. Hodgkins was a man of fine abilities and enjoyed an extensive practice. He was Secretary of the Eclectic Medical Association of Connecticut, which, through his energy, has become one of our best State Societies.

His literary attainments may be judged by an article that is published in the 12th volume of the Transactions of the National, 1884—'85, entitled, "Therapeutics, Ancient and Modern," which is a credit to the lamented author and the book alike.

DELINQUENTS, PLEASE TAKE NOTICE.—We have sent out bills to all our subscribers who are in arrears for two years and upward, and earnestly appeal to all to forward the amount to the publishers without delay, as every cent due for the JOURNAL is needed now more than ever. If you can't pay the whole bill, send us a part. Those from whom we don't hear during the time up to our next issue will be cut off our books. This will not be pleasant to us, but must be done in self-defense. No honorable man will avail himself of silence on this matter to cancel his indebtedness to the publishers, and we earnestly trust none of this sort are we now addressing. We hope that all will write us in response to this, and say something that will encourage us in our labors. Anything is better than unbroken silence, and a little money from each will be thankfully received. If you do not want the JOURNAL continued to you, be candid enough and have the courage to write us to this effect.

ARKANSAS ECLECTIC MEDICAL ASSOCIATION.—The meeting of the Arkansas Eclectic Medical Association will be held at Little Rock on May 10th, 1885. All Eclectic and other liberal physicians are cordially invited to attend and become members of the Association. R. L. BROWNING, M. D., Sec'y.

The contract has been let and work has begun on the college building.

THE following gentlemen were appointed by the last State Association to represent Georgia Eclectics in the coming National:

DELEGATES TO THE NATIONAL.

Dr. I. H. Gunter,	Dr. W. A. Smith,
" A. G. Thomas,	" S. P. Downs,
" Jno. C. Harris,	" J. F. Roughton,
" James F. Harris,	" J. W. Lovinggood,
" Jno. H. Goss,	" Wm. DeLay,
" Joel F. Hammond,	" Benson A. Bell,
" G. W. Delbridge,	" W. C. Fisher.
" Allen Johnson.	

AN excellent and liberal offer to our friends to obtain good, substantial periodicals in clubbing with the JOURNAL:

The Louisville Courier-Journal (weekly), one of the best and, perhaps, the largest weekly in the land, and, withal, the best family political paper, we offer for half price. Send us $2.75, and we will send it and the JOURNAL one year.

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The Atlanta Constitution (weekly) is, we believe, the greatest paper in the Cotton States, and has the largest circulation of any weekly family political paper in this section; and we will send it and the JOURNAL one year for $2.50.

The Southern Cultivator is the most popular agricultural monthly in the South, and has the largest circulation, and is the best edited. We will send it and the JOURNAL for $2.75 a year.

KEITH & Co., of New York, is one of the solidest and most reliable medicine firms in New York city. Do not fail to give them a part of your patronage.

A GOOD LINIMENT.—℞. Oil of origanum, oil of cedar, oil of wormwood, oil of sassafras, aa ʒii; camphor, ʒi; cotton seed oil, ʒviii. M. This is one of the finest pain-killers we have. You may use alcohol in place of cotton seed oil if you prefer.

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ORIGINAL COMMUNICATIONS.

CHRONIC METRITIS.

BY J. W. PRUITT, M. D., RUSSELLVILLE, ARK.

One of the most frequently encountered of the numerous ills of that Pandora's box of disease, the human uterus, is that designated by medical writers chronic metritis, chronic parenchymatous inflammation, diffuse proliferation of connective tissue, areolar hyperplasia, etc.

The term "chronic metritis," from a pathological point of view, is not correct, as a chronic inflammation of the muscular fibre of the uterus has never been demonstrated; besides, the affection is rarely, if ever, the result of acute inflammation.

Clinically, the term "chronic metritis" is one of convenience, rather than expressive of a pathological state, as it may include cases originating from different causes, but presenting the same clinical features.

The morbid process described as *chronic metritis* consists of a connective tissue out of proportion to that of the muscular fibre, which remains normal or is but slightly increased in quantity.

The application of the term "chronic inflammation" to the process may be objected to as misleading, as it implies a previous acute stage, as before mentioned. The process may be more correctly described as an increased tissue formation, dependent on long-continued hyperæmia. But the term is applied to the process producing similar changes in other organs, as cirrhosis of the liver; chronic metritis produces, in fact, cirrhosis of the uterus.

Sub-involution of the uterus may be classed under this head, *as, apart from the clinical history*, it is not possible to diagnose

between it and chronic metritis, the former being maintained by the latter, the treatment being the same in both conditions. The above remark is intended to apply to a condition that exists *after* a considerable period of time has elapsed from the primary inception of the disease. But, *primarily* speaking, says Thomas: "*As a general rule, areolar hyperplasia, the so-called chronic parenchymatous inflammation, is a consequence of sub-involution.*"

The pathological condition in the cases designated are different; in one there is increase of connective tissue—in the other an arrest of that retrograde metamorphosis of tissue by which the womb returns to its normal state after labor.

Pathology.—As may be inferred from what has been said, the condition of the uterus depends upon the duration of the disease. In the *first* stage, the organ is enlarged, hyperæmic, and soft; in the *last*, indurated, anæmic, and hard—the enlargement being uniform, so that the form of the womb is not altered. On section, the tissue is soft and hyperæmic in the *early* stage—firm, cartilaginous, and of a whitish color in the *latter*. The uterine walls are thickened, and cavity increased in size.

For an exhaustive discussion of this part of the subject, the reader is referred to the works of Thomas, Klob, Hewit, J Hughes Bennett, etc.

Causes.—Although the vast majority of cases are due to interference with that retrograde metamorphosis occurring in the puerperal state, called involution, still the causes may be grouped under two general heads, viz:

1. Those that interfere with normal involution: as retention of portions of placenta, membranes, or blood clots; laceration of the cervix; pelvic inflammation after labor; a too early getting up after delivery; non-lactation; repeated miscarriages.

2. Those that produce repeated or protracted congestion of the uterus: as displacements of the uterus; pressure of the distended rectum or bladder, or tumors in or near the uterus; anything that will cause an increased flow of blood to the uterus, as endometritis, too free use of escharotics, and excessive sexual intercourse.

To enter into an extended discussion of the *causes* of this disease, would be to extend this article beyond its intended limits; the reader is referred, therefore, to standard works on Gynecology for a further elucidation of the subject.

Symptoms.—A patient, we will suppose, calls upon us and

says, "Doctor, I've come to talk to you about my health. I'm out of fix all over, and I want you to try and do something for me." "Well," says the doctor, "tell me the history and symptoms of your trouble."

Patient—"I've got the backache all the time, and dragging and bearing down sensations about the lower part of my bowels, and I've the whites—I reckon you know what that is"—the doctor nods with a good-humored smile, "and I'm unwell too often and too much so, and it keeps me weak and feeling bad all the time. The fact is, I ain't had no health since my last baby was born. I was a long time getting up."

Doctor—"What is the condition of your bowels?"

Patient—Costive the most of the time, and it hurts me to make water; it's of a burning and smarting nature."

Such, in brief, is a very vivid description of nine out of ten cases that present themselves for treatment to the average practitioner in country and village, and aside from a prescription of iron and bitter tonics, and an astringent wash, nothing else is done.

The patient, after trying the treatment a month or so, gives up in despair, and concludes her case is one the doctors can't cure.

Upon making a physical examination with digit and speculum, the uterus will be found enlarged and tender to the touch, lower than natural, ante or retroflected, os ulcerated, while from the canal of the cervix pours a leucorrheal discharge, together with any or all the complications mentioned below, may be present.

Prognosis.—Under the old plan of treatment very unfavorable. Indeed, no less an authority than Professor Thomas says: "Under a course of local treatment, combined with one conducted with special reference to the general system, hope may always be held out that, although restoration of the uterus to its normal condition may not be effected, the evils resulting from the complications of this disease can be so fully controlled that comfort will be obtained."

Treatment.—In the treatment of this disease one or more of the following complications may be met with, and must be removed by special treatment if necessary, if we are to effect a permanent cure; but the treatment I shall recommend, where a cure is possible, removes them in the majority of cases.

Complications.—Laceration of the cervix, displacements of the uterus, fungoid degeneration of the endometrium, granular and cystic degeneration of the cervix, and vaginitis.

Our space will not allow a lengthy discussion of treatment of these various complications, nor is it necessary, as it may be found in works devoted to the subject.

We begin our treatment with a course of instruction in hygiene, impressing upon our patient the necessity of perseverance if a cure is to be effected. If the patient is nursing, we advise the weaning of the child as early as possible; that all marital duties be suspended, sending the husband off on a protracted hunting or fishing expedition—let him sleep by himself when at home, etc.; at the same time we have our patient use the tepid salt water bath twice a week, followed with brisk friction, with *hot* (100° to 120° Fah.) water vaginal injections twice per day, using a pump syringe, and a gallon or so of water each time. The patient may stand over an empty vessel to catch the water as it flows from the vagina, while it is pumped in from another.

The bowels should be regulated by the diet, allowing cracked wheat or oat meal mush, Graham bread, fruits, succulent vegetables, and the like; but if this is not sufficient, warm salt water enemas may be tried. If medicines have to be given, fluid extracts cascara sag., wahoo, and leptandra, aa., may be given in teaspoonful doses, three or four times per day, until the bowels become regular. We advise our patient not to worry or fret about anything, but to cultivate a pleasant state of mind by diversion and exercise.

We now proceed to put our patient upon systemic treatment, using those agents that are supposed to have a direct tonic and alterative effect upon the womb, as aletris far.; senecio aur.; caulophyllum; macrotys; berberis aqui; polymnia uve.; with iron in some form if there is anæmia. I prefer the citrate or tr. ferri, given in a solution of soda bicarb. Various combinations of the above agents may be made, changing them from time to time as they seem to lose their effect.

Local Treatment.—Various agents as local applications to the os uteri have been made and recommended, as argenti nit., potassa fusa, iodine, bismuth, etc.; but in my hands none of them have ever been productive of any, or but little good.

The agent from which I have derived the most benefit is the fluid extract of sanguinaria can. I use it with glycerine in various proportions, as seems adapted to the case. At night before the patient retires, I saturate a lock of cotton, or what is better,

a soft, well bleached piece of fine sponge, of suitable size and shape, with the extract—then with a Ferguson's speculum place it firmly against the os, and over this a dry lock of cotton. A piece of twine attached to the first plug will be found convenient for withdrawal. Let it remain till next morning, when the patient can remove it and use the hot water injection afterward.

Other agents may be used as indicated, as belladonna, aconite, nitric acid, creosote, conium, calendula, carbolic acid, etc.

Care must be exercised in the use of these agents, carefully studying the special indications for each, and using them with caution.

In some cases the sanguinaria will cause quite a flow in a few days of blood, pus, or both, when, of course, the medicine and injections should be stopped for awhile.

If the patient has been on the use of iron for quite a while, the sponge or cotton will be found blackened upon withdrawal; indeed, I am not sure but the too free use of iron has aggrayated, instead of benefitting somecases.

The effect of the sanguinaria will be to heal all erosions and ulcerations, and in some instances cause the healing of laceration of the cervix. By its stimulant, alterative and catalytic (?) action upon the morbid uterine tissues removes them by absorption, and promoting retrograde metamorphosis, as manifested by the discharges found upon the dressings, an essential element in the cure of the disease. By the timely use of this agent, and the others named, either alone or combined as indicated, I believe a larger per centage of cases can be cured than by any other method, and to call attention to it is my apology for this otherwise unnecessary article.

A FEW WORDS TO ECLECTICS.

BY J. R. BORLAND, M. D., FRANKLIN, PA.

Organization, Cooperation, Harmony. These are the talismanic words that should be enunciated and acted upon by every Eclectic, whose every aim should be directed to secure their full realization. "In union there is strength"—"United we stand, divided we fall"—are axioms as applicable to us as to any other class of men. We should heed, apply them and be wise.

WHAT ECLECTICISM NEEDS.

1st. *Organization.* Several States in the North are quite well organized. In the South, Georgia has a good start; Arkansas,

Alabama, Tennessee and Texas are falling into line, and we have a good working National Association. But there is much more to be done—more organizations, more local and State societies are needed, ere Eclecticism can triumphantly march to its fullness. "Where two or three" can be gathered together in the name of Eclecticism, they should organize a society, even though they may need to go long distances to institute and carry it on. I say, speaking from experience and observation, the time and money thus spent will come back like "bread upon the waters" to those who take an active part. Look around, correspond, and you will find kindred spirits, although they may be "few and far between," who long for the fellowship, sympathy and feeling of security association brings (and there are many such), who will meet with you at some designated place and assist in organizing a county, district or State society, as the case may be. Make your county or district society auxiliary to your State society, and that to the National.

Organization generates an *esprit de corps*, by infusing more manhood and professional energy into every member than isolation ever can do.

2d. *Cooperation.* Which means working together, mutual help. Work with your fellows, with other auxiliaries and your State societies, to enlarge, build up and strengthen the whole Eclectic edifice. By helping others, you help yourself. Give and receive knowledge, influence and power, and your work will come back to you in the increased respect they will manifest for you; for people take pride in having their physician known as *a man amongst men*, and will give respect and patronage accordingly; while another of equal talents, living in isolated obscurity, will be overlooked or lightly esteemed.

The oftener local societies meet, if a good attendance and interest can be secured, the better. County societies should meet quarterly, district societies at least twice a year. The meetings should be announced and the proceedings published in the local papers, that the people may learn that we have no conspiracies against them, in concoction, which we desire to hide from them.

3d. *Harmony.* From well organized cooperation, with harmony, comes the united strength which moves the world. Medical organizations are no exception to this postulate. If you don't believe it, look at the American Medical Association and the Confederacy of American Colleges and be convinced. The

influence they possess, which goes out in all directions, could not have been secured by the most favorable isolated conditions or assent; and, although they may quarrel among themselves as to who should be the greatest in the kingdom of doctors, or as to who should attend a Garfield or a Grant, yet, when it comes to adopting a line of policy to curb the innovations and spread of other schools, they are *a unit. Mark that.* In this respect we should imitate them. An organization may be ever so perfect, but without harmony will result in failure. Hence, we should see that no dissensions, personal or otherwise, are engendered or fostered in any of our societies or colleges. The maintenance of the good name and profesional reputation of my brother Eclectic should be as dear to me as the apple of my eye. Our competitors enjoy our dissentions and contribute to their fostering, so far as they can disseminate certain issues among us which they deem of vital importance to themselves, by falsifying and otherwise. In proof of which I only need to allude to the ideas of establishing Boards of Health and securing acts to regulate the practice of medicine, extensively promulgated, not only among themselves but among us, and which some Eclectics have rolled as "a sweet morsel under their tongues," hoping to be *the one* member of the Board, to constitute the tail of the Alopathic kite. Oh my! What fools we Eclectics be!

OBSTACLES TO THE PROGRESS OF ECLECTICISM

can be summed up in these words: *isolation, indifference, green-eyed envy, jealousy and the worship of false gods.*

In many sections Eclectics are so isolated or scattered that co-operation is attended with difficulties, and should they leave home for a day or two, there is no one with whom they dare leave their patients. Others are indifferent even when they could with little inconvenience cooperate. Both are to be pitied.

At our national meetings, sometimes, we have an exhibition of more jealousy than zeal, especially when a new college applies for recognition, but we have got that down fine—we put them "on probation for a year" or two. I have no doubt the precedent is a good one and will prove a safeguard.

Some think the National a close communion clique—that it follows close in the wake of the American Medical Association—that when the American sneezes we sneeze—when it howls we howl, &c., and really it does look that way, when we toady to and ape its policy. When good men, for a fancied breach of

some rule of the code, nobody has been able to difine, are, by star chamber methods, placed on the procrastean bed of suspension or excommunication, robbed of their manhood and freedom in the house of their friends,(?) their peers, who, like them, were free, professionally and otherwise, before entering the National, but are now bound by the false god we "ignorantly worship," *a la mode* American Medical Association. Must we always "follow suit"—keep close to the hand that wields the rod, then cry like whipped spaniels because we are hurt? No! Let us rise above sycophantic following. Let us be a law unto ourselves, and in the exercise of our American independence cast off these European barnacles which impede the Eclectic ship. When this is done, the time will come when we can enjoy as much freedom *in* our societies as *out* of them, with "none to molest or make us afraid." As it is,

"Ourselves inflict the wounds we feel."

These drawbacks are the penalty of starting wrong and keeping to the wrong track. When we can respect each other more than we do our Allopathic competitors; when we can believe the Eclectic is a better practice than theirs, our societies as good as theirs, our colleges as worthy as theirs, and send our students to our colleges in preference to theirs, then we may expect to reap the fruition of our hopes of Eclectic medicine, and the people will be healed. Yet, with all the drawbacks that may be urged against medical societies, no physician can fail of being benefitted by attending them. They have been "a tower of strength" to me. In our district society I have become acquainted with my more immediate neighbors, and when I desire counsel, instead of surrendering the case to an Allopath, I send for one of my household of faith, then in turn I serve him, and thus the people come to know that Eclecticism means something. In our State meetings I have learned to know and love some of our best men. The National meetings I have attended are green spots in memory's tablet to which my thoughts often revert. There, I have become acquainted with the best minds, the teachers, writers and workers of our school, fit peers of any; have formed fellowship with kindred minds, sacred friendships, to be treasured while life lasts. Better and broader views of professional and even social life; better knowledge of our school, its needs, failures and achievements, its policy and its colleges; better literary work; better directed and closer professional

study; better success in practice, and better approval of my patrons—all these are mine as the result of belonging to, and taking an active part in, the meetings of our district, State and National societies. And, I may add without egotism, yet with some degree of laudable pride, by these I have secured the data by which to estimate and compare myself with others and myself. I think I but express the feelings of many when I say, I feel better, nobler and bigger than if I had continued to live, as many do, in obscure isolation.

The next meeting of the National is to be convened in our State, at Altoona, on the banks of the "Blue Juniata," made classic by the song of the "Indian girl bright Alparata."

To the Eclectics of the South I would say, come and see us. Our mountains, rivers and beautiful valleys; our cities, busy hives of industry; our oil wells, whence comes the light of the world, the lubricant of its machinery, and the cure for many of the ailments "flesh is heir to;" peep into our mines, whence comes the coal that warms the world and drives its wheels; our mines of ore, whence comes the iron that binds our Nation together in business, travel, thought and speech. Come to the "feast of reason and flow of soul" we hope to enjoy together, in the harmony which shall be the key-stone of the Eclectic Arch. "Our latch string is out, and don't you forget it."

CEREBRO-SPINAL MENINGITIS.

BY I. J. M. GOSS, M. D., MARIETTA, GA.

This disease is seldom met with in isolated or sporadic cases, but mostly in an epidemic form, sometimes limited to neighborhoods or single townships or counties. Years ago this disease occured in France, Spain and Italy, which was about 1310. Then at various times during the fifteenth, sixteenth, seventeenth and eighteenth centuries, and in most of the European countries. It was called typhus-sycopalis, cerebral-typhus, petechial-typhus, *cold* plague, malignant purpuric fever, febris rigra, spotted fever, apoplectic typhus, cerebro-spinal typhus, cerebro-spinal meningitis, epidemic cerebro-spinal meningitis, and now cerebro-spinal fever by the physicians of the Royal College of Physicians. The first plain description of it in America was by Dr. John Bard, in 1749, as it prevailed in Rhode Island about that time. It also prevailed in North Carolina in the year 1772. And it pre-

vailed in various States, time and again, until it finally appeared in Georgia and other Southern States about 1860, 1861 and 1862, and occasionally from then until now. It is now prevailing in some localities of Georgia.

Causes.—The predisposing causes are exposure to cold and damp air, badly ventilated houses, prisons, camps, etc. It often prevails in cold weather, or when we have very great extremes of heat and cold. It is not always confined, however, to particular seasons.

Specific or Exciting Cause.—In addition to the predisposing causes of the disease, there is evidently some specific or exciting csuse, the nature of which, however, is but little understood as yet by the profession. There is certainly an infectious material in the air in the locality where this disease prevails epidemically. This specific infection has an affinity for the cerebro-spinal centers, upon the same law that poisons, and our medicines are endowed with an affinity for certain organs, tissues or functions. All the more noted epidemics of this disease have been coincident with or closely allied, both in locality and time, to the prevalence of erysipelas, typhus or typhoid fever; so much has this been the case, that many physicians regard it as a form of typhus.

In 1806, at Medfield, Mass., this epidemic occurred, and continued to occur up to 1820, and was so closely connected with the prevalence of typhoid fever and typhus fever that it was designated as typhus petechialis, maculated typhus, cerebral typhus, etc. It frequently happened that while cerebro-spinal meningitis was prevailing in one locality, in another near by there was typhoid-pneumonia, and sometimes malignant pleuritis. And at the same period, both in Europe and America, erysipelas and cerebro-spinal meningitis prevailed—one in one locality, and the other in an adjoining locality. From 1841 to 1850, there were frequent visitations of cerebro-spinal meningitis, and coincidently an epidemic of erysipelas. Generally, the cerebro-spinal meningitis occurred in the winter, and the erysipelas in the spring and summer. Sometimes, however, they were mingled together at the same time and place.

This connection between these two epidemics was noticed during the severe prevalence of these two diseases from 1862 to 1868 in the United States. Sometimes the cerebro-spinal manifestations occur in connection with periodical or malarial fevers, called pernicious intermittent fever of writers. These facts lead

to the conclusion that dysentery, typhoid pneumonia, malignant pleurisy, connected thus with typhus, typhoid fever and erysipelas or cerebro-spinal fever, may not be dependent upon anything but a specific cause affecting the bowels in dysentery, the lungs in pneumonia, the pleura in malignant pleurisy and certain nerve centers in typhus, and still other centers in typhoid fever, and still another portion of the nerve centers in case of erysipelas, and the cerebro-spinal center in the cerebro-spinal meningitis. All poisons have their affinities as well as medicines.

Symptoms.—Great lassitude, with severe pains in various parts of the body, limbs, and also in the head. This disease may prove fatal in a few hours. Some cases are preceded with a severe chill, and the fever following may exhibit well-marked exacerbations and remissions. The severe pain in the head at the outset is a prodrome of severe visitation. Sometimes there are neuralgic pains about the face and head, with rigidity of the muscles of the neck and often of the spinal column.

In some cases, there is severe vomiting for the first twelve hours, and it may continue for several days. The pulse is frequent, and the heat is increased more or less, the face is flushed, the expression is excited and anxious at first, but soon becomes dull or expressionless; the pupils are usually dilated; the tongue is usually covered with a white fur, the mouth is moist; and after the third day constipation takes place, but no tympanites. About the third or fourth day there are often observed red spots on the skin about the breast and limbs. The patients frequently become unconscious in the early part of the attack, sometimes there is excited delirium. In some cases in children, there may be convulsions.

Morbid Anatomy.—In some cases on record, the autopsy revealed a collection of reddish serum between the arachnoid and pia mater, and in the lateral ventricles, with the most intense injection of the vessels of the pia mater covering the base of the brain, medulla oblongata, and the upper part of the spinal cord. From the many post mortems that have been made by the various physicians it appears that the most constant morbid phenomena are congestion with more or less inflammation in the pia mater and the surface of the base of the brain, medulla oblongata, and the upper part of the spinal cord. In some few cases there was noticed some serous, sero-purulent, or purulent exudation or effusion upon the surface of the pia mater, or between the brain

and lateral ventricles. Very few cases revealed any true plastic exudation.

The vessels are generally found congested, and the brain itself softened to some considerable extent.

Treatment.—In the early stage the most reliable remedies are ergot, physostigma and belladonna, and local applications to the spine of strong counter-irritation. From 4 to 6 gtts. of belladonna, (normal tincture) should alternate 5 to 6 gtts. physostigma every four hours. At the same time a cloth wet in spirits of turpentine should be applied to the full length of the spinal column until it almost blisters. The bowels may be opened with salts or croton oil If there is a remittent form of fever attending this disease the administration of 10 gtts. of tinct. of gelsemium and 2 grs. of cinchonidia may be given every three hours during the apyrexia. On the contrary, if there is a continued form of fever attending the disease, then 1 gtt. of aconite (tinct.) and 1 gtt. of verat. viride should be given every half hour, or hour, according to the severity of the disease. As soon as signs of effusion of the serum take place upon the brain, then helleborus should be given, with saline cathartics. A spanæmic condition of the blood may follow this disease; if so, helonias and iron should be given until that condition is relieved.

A SPLENDID UNGUENTUM FOR HEMORRHOIDS—ANOTHER FOR PRURITUS VULVA.

BY M. F. DUMAS, M.D., BALD KNOB, ARK.

I send you the following formulæ for a splendid "pile ointment." I have been using it for sometime, and find it valuable in relieving all irritation, soreness, itching, etc, and a valuable application in all irritable sores, wounds, etc. R. Spec. tinct., (T. & L. Bros.) erythroxylon coca, spec. tinct., (L. & Bros.) polymnia uvidalia, spec. tinct., (L. & Bros.) eucalyptus, aa fl. ʒiv.; unguentum petrolei, (Houghton & Co.) ʒvijj.; morphia sulphos, grs. xxx.; broacic acid, ʒi

Place the unguentum petrolei in a suitable vessel, and this in a water bath, heat until dissolved, (melted) then add boracic acid, stir well; then add the tinctures and evaporate slowly until all the alcohol has been evaporated; and lastly add the morphia, sit off and stir until cool.

This ointment is anesthetic, antiseptic, antizymotic, refrigerant,

demulcent, protective and healing. It will not decompose, ferment, or become rancid. In conjunction with æsculus glabra, collinsonia can., or hamamelis v. ("spc. tr.") as indicated, we can cure piles without any trouble.

For pruritus of the vulva: R. Gum camphor; crystals of carbolic acid, aa ʒi; chloral hydrate, ʒij; mix: apply heat, agitate occasionally until the whole is converted into liquid, then add sp. tr., veratrum vir., (T. & L. Bros.) fl. ʒi. M. Sig. Apply to the parts by saturating lint with the mixture. The above will be found useful in erysipelas, boils, sprains, etc., but is the best thing for pruritus vulva I have ever used.

ECLECTICS OF TEXAS.

DAVIS, TEXAS, April 13th, 1885.

Permit me again through the GEORGIA ECLECTIC MEDICAL JOURNAL to appeal to you in behalf of Eclecticism in Texas. You are aware that a number of physicians met in Dallas on the 10th of December last, and perfected an organization of the Eclectic Medical Association of the State of Texas, by the means of which and the aid of our Homœopathic brethren, the *notorious* Daniels bill was strangled in our Legislature. Yet, our work is not done, there is a great deal to do yet. Because we have gained one point we should not become indifferent and lie idle, while the enemy is concocting schemes and plans for another rally and assault. The meeting of the National Association is close at hand and it behooves all the Eclectics in Texas to come forward and enroll their names as members of the State Association, so that our representative in the National will be enabled to make a respectable show of our status in the State as to numerical strength; besides, it takes *cash* to run the institution, and our officers need the fees in order to complete the necessary printing, etc. I learn from the Secretary that the Constitution and By-Laws are now in print and will soon be ready for distribution. One and all rally to the standard; send in your five dollars, have your names enrolled and get your certificate of membership, which will be an ornament to any physician's office.

Dr. A. H. Collins, of Honey Grove, is our Secretary—has the printing, enrolling members, etc., in charge.

Fraternally, J. E. A. BALL.

ABSTRACTS.

JUDAISM AND HYGIENE.—It is stated that the Jews in Toulon and Marseilles have scarcely been affected by the cholera. The Jewish journals attribute this immunity to the dietary and hygienic laws of Judaism, and this claim is unquestionably justified by fact and experience. For history shows that in all epidemics the Jews have suffered far less than their neighbors, and when their dietary laws are carefully studied the reason of this exemption becomes apparent. In the last issue of *The Fortnightly Review* a somewhat remarkable article by Lucien Wolf, entitled "What is Judaism? A Question of To-Day," discusses the status of the Jew in the modern world, and while making for him some claims which Christendom will certainly be slow to admit, deliberately ascribes the material success of Judaism, and the sustained vigor of the race, to resolute maintenance of the Mosaic law. That observance of this law respecting diet does give immunity from many, and especially zymotic diseases, is abundantly proved. Thus Dr. Behrend says: "I am myself decidedly of the opinion that the care bestowed upon the examination of meat for the use of the Jewish community is an important factor in the longevity of the race, which is at present attracting so much attention, and in its comparative immunity from scrofula and tubercle." So also Dr. Carpenter has said: "Obedience to the sanitary laws laid down by Moses is a necessary condition to perfect health, and to a state which shall give us power to stamp out zymotic diseases. If these laws were observed by all classes, the zymotic death rate would not be an appreciable quantity in our mortality list."

The vigor, physical and mental, of the Jews, their longevity, and their persistence and prosperity are no doubt largely due to the hereditary observance of hygienic and dietary rules, the purpose and effect of which is to prevent all blood-poisoning and the transmission of disease through food; to cultivate habits of personal cleanliness: and to establish sexual relations that the coming generation shall have the most favorable conditions for development. These laws, for the most part rigidly adhered to during thousands of years, have produced a superior vitality in the present specimens of the most persistent culture, and medical and sanitary science confirms the wisdom of the laws, and

can do no better than to recommend them to-day to the acceptance of the modern world. It is indeed not a little singular that Christianity, in taking from Judaism its highest spiritual conception, should so have slighted the wonderful body of hygienic science which the Mosaic law embodies. The explanation, however, probably is that Christianity undertook to deal with matters supernatural, while Judaism, whether ancient or modern, is concerned with mundane affairs. As Lucien Wolf admits, Judaism is really a sort of Positivism. Its aim is the attainment of happiness in this world, whereas Christianity deals with happiness in the world to come. But precisely because Judaism practically agrees with Herbert Spencer in relegating supramundane speculations to the realm of the unknowable, the intensity of its worldly philosophy is the greater.

The wisdom and energy of the Jews, in fact, have been centered for years upon the reinforcement and protection of all their natural forces. And thus it is that they anticipated the riper results of modern sanitary science while still the hanging gardens of Babylon were a world's wonder, and from the temple of Belus Chaldean priests charted the heavens and calculated the occulations of the stars. This Mosaic law, so despised of the Gentiles, has given to the Hebrew race that toughness which has brought it safely, again and again, through persecutions that must have rooted out a weaker people; and to-day, when the foremost savants of the nineteenth century are painfully searching out the genesis of disease and laboriously devising remedies, the immunity of the Jews in the midst of pestilence once more indicates the reason of their survival, and emphasizes the triumph of their sanitary system. No other race has been willing to accept such a discipline, and no other race, therefore, exhibits similar vitality and exemption from epidemic disease. Modern teachers of hygiene insist always upon the observance of system in these matters, and they have reason; for the Hebrew race is a pregnant example of the power of hygienic and dietary laws applied with unintermitting rigor from generation to generation.—*New York Tribune.*

FOR PHAGEDENIC ULCERS AND OLD SORES.—℞. Pulv. ulmus. cort., ℥ j.; fld. ext. hamamelis, ʒ iij.; fld. ext. aloes soc., ʒ j.; cosmoline, ℥ ij. Mix. Spread thinly and apply twice a day, washing off each time with tepid water and castile soap.—*Keystone Medical Journal.*

SCARLET FEVER—AILANTHUS GLANDULOSA.*—Dr. Hawley, having been previously appointed to write on the subject, submitted a paper entitled "Scarlet Fever, its Pathology and Treatment."

Dr. Bell remarked, in opening the discussion of the paper, that he had but recently passed through an epidemic of the disease, which took a malignant form, and that while in some respects it had been a sad experience, he hoped, nevertheless, that it had not been altogether without profit to himself and others.

He then spoke of belladonna as a prophylactic. He thought that the weight of evidence was in favor of the power of Belladonna to protect against, or, at least, to render milder a threatened attack of the disease, and recommended that it should always be given, quoting various authors, prominent among whom was Dr. Stille, of Philadelphia, who, after an exhaustive summing up of both sides of the question, recommended its use.

Our Homœopathic friends attribute the discovery of this property of the drug to Samuel Hahnemann, the founder of their creed. Be this as it may, the question with us, as Eclectics, should be, Is it true? Will it do the business? Truth is greater than Samuel Hahnemann, and of late years much of his speculation about "infinitesimal doses," as you are probably aware, has been tacitly given up by all the most skillful and intelligent of his followers. Says Dr. Joseph Kidd, of London, one of the most distinguished Homœopathic physicians of Europe: "'Twenty-seven years ago I saw the essential truth of Hahnemann's law was totally independent of his speculations about dynamization. Adopting with great delight the law of '*similias similibus curanter*' as the chief, *though* not (by any means) *the only* foundation for therapeutics, I learned for myself that Hahnemann, 'sober,' teaching the use of the pure, undiluted tinctures, was a far better guide to heal the sick than Hahneman, 'drunk' with mysticism, calling for the exclusive use of 'infinitesimal doses.' The latter I gradually cast aside *in toto* as untrustworthy, and unjust to the sick, whose diseases too often remained stationary under treatment by globules, but were most effectually cured by tangible doses of the same medicines which failed to cure when given in 'infinitesimal doses.'"

*Report of a discussion held at the fourteenth annual meeting of the Genesee Valley District Eclectic Medical Society, New York.

This frank acknowledgement very greatly simplified our differences with the brethren of the other camp. It was observed that this definition of Homœopathy made it close akin, if not absolutely identical, with the doctrine of "*specific medication.*"

Phillips and Ringer, of England, as well as Bartholow of our own country, brethren of the "Old School," seem to be working along the same line. Truly, the leaven seems to be working. Who knows but that as we progressively increase in knowledge, the so-called "schools" of medicine will, like unto the lion and lamb of Holy writ, lie down together? Like the Christian sects, we are even now differing most about the things concerning which we practically know the least; disputing, as it were, over a mere "form of words."

He had that faith in God and in the all-unifying power of truth to believe that the day was not very far distant when there would be but one (church) school of medicine,* and when it would be said of such and such a one—*he is a physician.*

After this little digression the Doctor resumed the subject by stating that scarlatina simplex probably proved fatal only through the officiousness of the physician. He thought, however, great relief attended the use of aconite and belladonna, together with an occasional bath. He mentioned the fact that some physicians prefer gelsemium for the scarlatinal fever, considering it hardly sthenic enough for aconite. He would recommend the use of gelsemium in those cases which are attended with great restlessness.

He employs aconite and belladonna in the anginose type also, and recommended as a special remedy for the throat symptoms, apis mel. It had proved to be an invaluable remedy in cases which were attended with puffiness of the throat tissues, and particularly where this condition was associated with scantiness of the urine. In cases attended with much irritation and swelling of the deeper tissues and glands of the neck, he had been in the habit of employing with great advantage the first decimal

*And though it may not be *Eclectic in name*, it certainly *will be in fact.* The rapid strides which are being made towards this *one pivotal centre*, the tidal-wave which is daily rising higher and higher in modern pharmacy and therapeutics, the overwhelming verdict in favor of the small and frequently repeated dose of *modern Eclectics*, the tendency of our principal opponents (the leading minds of other schools) to raise the flag of truce and make an unconditional surrender to simple truth, all are positive evidence that *progressive medical Eclecticism* has an abundance of *vis-a-tergo.*

trituration of hyd. cum creta, administering a grain or so hourly until several doses had been taken. Says Dr. Ringer, in his *quasi* eclectic *Manual of Therapeutics*, "When the enlarged tonsils almost meet and when the difficulty in swallowing is nearly insuperable, with even greater danger of suffocation—in such crisis, a third of a grain of gray powder taken every hour, greatly reduces the swelling in a few hours, not only obviating the distress, but the danger of suffocation as well."

Ordinarily, however, he very greatly preferred the apis mel. for the throat troubles incident to scarlatina, but when the deeper tissues of the neck were involved, he would use mercurius until relief was obtained. In all cases characterized by a tendency to a low or typhoid condition, he recommended that rhus tox. should be given in alternation with such other remedies as might be indicated—naming baptisia as an appropriate remedy to be given in alternation. In ulceration of the throat and, as sometimes would be found, the tongue, he had found muriatic acid to be a particularly good remedy. He also recommended the use of sulphate of hydrastis (four grains to the ounce of water) as a tonic gargle in ulceration of the throat, and as a constitutional remedy during the stage of convalescence.

For the sequel known as desquamative nephritis—had treated it successfully with digitalis in alternation with small doses of arsenicum; also thought well of an occasional saline cathartic; he had derived great benefit, in some cases, from the use of a mustard sinapism across the middle of the back, followed by a cold compress for a couple of days.

For the frightful condition known as malignant scarlet fever, the doctor, very much to the amusement of some of the members, persistently urged a trial of the following somewhat novel method:

He observed that in the malignant type of the disease the profound nervous toxication was such that the patient's life seemed literally undergoing the process of being snuffed out—the reactive powers of the system being overwhelmed, as it were, by the poison. Now, the indications where such symptoms characterize the stage of *primary invasion* are, that the patient's life will go out within forty-eight hours if the right thing be not done. * * * In a case of the foregoing sort, the patient will ordinarily be found about as follows:

There will be vomiting, probably diarrhœa; severe headache;

intolerance of light; dizziness; inability to sit up; rapid, small pulse; drowsiness, and at the same time great restlessness. A little farther on, the patient will be found to be gradually lapsing into a state of insensibility attended with constant, muttering delirium; and, finally, there will be some slight appearance of a rash of a dark livid color—the eruption being most profuse about the head and neck. There will not usually be much trouble about the throat, sufficient time not having elapsed for the development of the same.

Now the obvious indication, the thing to be done, and done at once, is to develop the eruption. We want a free capillary circulation, with an abundant cutaneous elimination, *and must have it*, or the patient will die. He was of course, aware of the numerous intercurrent possibilities that were always to be carefully watched for in such flagrant cases, but was convinced that when we failed here, *all was lost.*

1. Anoint the child's whole body with glycerole of capsicum (tinc. of capsicum and glycerin *aa*), particularly the extremities and along the spine; this being well done, wring the child's night dress out of hot water, and wrap him up in it, placing it next the skin; over this wrap a moderate amount of flannel and retain the child in this condition an hour or more. This measure may be repeated again and again at intervals, until the point of free capillary circulation is reached.

2. Ailanthus glandulosa, from five to twenty drops of the tincture, according to the age of the child, in four ounces of water; of this mixture one teaspoonful may be given every hour, or oftener, as may be required to recall the powers of life, *i. e.*, develop the eruption.

The Ailanthus had other uses, but he preferred letting this main one stand by itself, illustrating, as it does so beautifully, the fruitfulness of our doctrine of "specific medication."

Subsequent to the thorough development of the eruption, he would manage the case as an ordinary severe one, great care being taken to vindicate the foundation principle of our system of practice, "*Vires Vitales Sustaninete.*"

He emphasized the idea that the majority of milder cases required but a little medicine, and that in the form of simples. The disgusting habit of placing self-limited disease, when of a trifling severity, under a regular course of medicine was to be deprecated. The time was fast coming when even the simple

and illiterate would not quarrel with us about this matter—not even when given in "infinitesimal doses." The time *had come* when the wise and intelligent so trust the physician that he has little need of giving placebos for the sake of seeming to earn his fee.—WILLIAM BELL, M.D., Smyrna, Mich., in *Med. Advocate*.

SOME WORKING FORMULÆ.—Every physician who has gone his daily rounds for a score of years has found by experimental tests some few formulæ to which he pins his faith in a good many cases.

The few formulæ I send have each of them proved of great value to me, several of them having been employed for more than twenty years. In this country, where myalgia, neuralgia, etc., are so frequently met, the class of remedies, as formulæ No. 1 and No. 6 are indispensable. No. 4—the fluid ext. of wahoo—has proved with me, after very frequent use of it for twelve years past, a bronchial attenuant far superior to anything of the class:

No. 1. For muscular rheumatism, unattended by inflammation or sthenic condition and neuralgia, not accompanied by violent pain, the following has been employed by me for twenty-five years past with fewer failures in result than any other means: ℞. Tr. guiac. ammonia; tr. cimicifuga racemosa; vin. colchici; tr. gelsemium, or tr. poke root, aa ʒ j. M. Sig. A teaspoonful in a wine-glass of well sweetened water at each meal-time until the bowels are purged; after they become settled, use as at first.

No. 2. For swelled testicles, as of the kind occurring in connection with gonorrhœa: ℞. Fl. ext. belladonna, ʒ j.; fl. ext. arnica, ʒ ij.; fl. ext. opium, ʒ iss.; water, to make O j. M. Apply on soft flannel, old linen, or muslin cloths, wrung out of hot water, till the pupils respond to the belladonna thoroughly.

No. 3. Emulsion cod liver oil: ℞. Best spirit whiskey or brandy; Glycerin, aa ʒ iv.; cod liver oil, ʒ vj.; mucilage acaciæ (heavy), ʒ ij.; oil cinnamon, oil nutmeg, aa gtts. xxx. M. Tablespoonful three to five times daily.

No. 4. Expectorant: ℞. Fl. ext. wahoo, ʒ vj.; bicarb. potass., ʒ iiss.; morphia sul,, grs. iij; fl. ext. ipecac, gtts. xl to lx.; fl. ext. squill, ʒ iss.; syr. tolu, to make ʒ vj. M. Sig. Teaspoonful every two or three hours.

No 5. For later stage of cough when fever has sudsided, and no glazed condition or redness of tongue: ℞. Fl. ext. wahoo, ʒ vj.; spts. nitre, ʒ .j; fl. ext. senega, ʒ j.; sulph. morphine, grs. iij.; syr. tolu, to make ʒ vj. M.

No. 6. For chronic or persistent ague: R. Arsenious acid, grs. ij.; strychina sulp., grs. ij.; sulph. quinine, ʒ j.; querenes iron, ʒ j.; ext. gentian, grs. xx. M. Make pills, xl. Sig. One three timesdaily after eating.

The same formula with the strychnia and arsenic in from 1-20 to 1-30 of a grain, as needed, has been used for many years past as the most reliable remedy in chorea. Same mode of administering.—L. L. TODD, M.D., Indianapolis, Ind., in *Medical Summary*.

HOW TO CURE A FELON.—BY C. C. GRATIOT, M.D.—One day in July, 1883, after returning from a call in the country, I found a gentleman waiting in my office to consult me about a felon that was giving him great pain, upon the index finger of the left hand. While waiting for me he had picked up one of my medical journals and read an article entitled, "How to Cure a Felon." My patient asked me to try it on him. I advised him to let me make a free incision down to the bone, believing it the only course to pursue that amounted to anything in the treatment of paronychia. As he was a little timid, and insisted on my trying the other plan, I consented. The mode of treatment is this, and I quote the writer's own words: "Take common salt, roasted on a hot stove until all the chlorine gas is thrown off, or it is as dry as you can make it. Take a teaspoonful, and also a teaspoonful of pulverized Castile soap, add a teaspoonful of Venice turpentine, mix them well into a poultice and apply on the felon. If you have ten felons at once, make as many poultices. Renew this poultice twice a day. In four or five days your felon will, if not opened before your poultice is first put on, present a hole down to the bone, where the pent-up matter was before your poultice brought it out. If the felon has been cut open or opened itself, or is about to take off the finger to the first joint, no matter, put on your poultice; it will stop right there, and in time your finger will get well, even if one of the first bones is gone. Of course it will not restore the lost bone, but it will get well soon."

So far as my faith went in the treatment of a felon in that way, I never would have tried it. My patient came back to me in four days, with pain and throbbing all gone, and with no tenderness or swelling. Upon removing the poultice, there was a round hole down to the bone, discharging a bloody, thick pus, such as I have sometimes seen come from acute ulcers. He

stated that after the first application of the poultice, about eight hours after he had left my office, he suffered no more pain; in three days more he was almost entirely well. This induced me to determine to try it on other felons that I might be called upon to treat, and from July until the middle of October a great many felons occurred among the farmers, caused by the frequent handling of pitchforks in making hay, and in stacking and threshing grain. Suffice it to say I tried it on seven cases of felon, and it never once failed me. It is simple in preparation, and the soap and salt are always at hand, which, with a few cents worth of Venice turpentine, will make many poultices. The cases in which I used it got well more rapidly and suffered less pain, and the finger regained its normal condition more quickly, than after incision or any mode of treatment I had ever previously adopted.—*College and Clinical Record.*

The above article was written several years ago by Dr. J. M. Hole, of Salem, Ohio, and was published first in the Peoria Medical Monthly, Peoria, Illinois. It is the best thing for a felon we have ever used, and we suggest to our readers to try it when they have occasion. It cures felons almost to a certainty every time.—ED. GA. ECL. MED. JOUR.

INTRA-UTERINE THERAPEUTICS.—The question of intra-uterine therapeutics, or the proper drugs to introduce into the cavity of the uterus, has been a very much discussed question. Dr. Lombe Atthill read a paper on the subject, before the last meeting of the British Medical Association, and we give his conclusions:

1. Carbolic acid, in the proportion of one part of spirit to two of the acid, is the safest and most generally useful of all the agents employed.

2. Carbolic acid should always be applied by means of a probe, 'round the point of which a layer of cotton is rolled, the cotton being carried up to the fundus at least twice on each occasion that the applications are made, which should be on every third or fourth day, till marked improvement takes place.

3. Carbolic acid should never be injected into the uterus, except when combined with iodine, in the form known as iodized phenol.

4. In many cases, iodized phenol may, with advantage, be applied by means of a probe.

5. In cases in which metrorrhagia or profuse menstruation oc-

curs, depending on an unhealthy condition of the intra-uterine mucous membrane, the cavity being dilated and the uterus enlarged, from half a drachm to a drachm of iodized phenol may be injected with great advantage.

6. In cases in which epithelioma attacks the mucous membrane of the cavity, the injection of iodized phenol promises better results than any other treatment.

7. The success likely to follow the injection of iodized phenol renders the dilatation of the uterus, the use of the curette, and the subsequent application of fuming nitric acid, less frequently necessary than has been the case hitherto.

8. The injection of iodized phenol requires to be carried out with so much care that it should never be injected except by means of a syringe which will not contain more than one drachm.

TREATMENT OF FRACTURED PATELLA.—In the *Deutsche Med. Zeitung*, Dr. Van der Meulen notes that, in the space between the two fragments of a patella, a clot of blood is formed. This clot is not organized at once in its entirety, but the anterior and posterior surfaces are first organized, and only after sometime does the process involve the central portion. In this way the two fragments come to be united by two thin pseudo-membranes. The author takes advantage of this in his treatment of fractured patella. From ten to twenty days after the injury he proceeds to operate. An incision being made over the patella, the anterior membrane and the unorganized coagulum lying beneath it are removed, but the posterior membrane is not interfered with, and thus the joint is not opened. The fragments are then united by platinum or silver wire suture, care being taken not to include the membrane of organized coagulum, but to let it fold upon itself posteriorly toward the joint cavity. Dr. Van der Meulen has operated in this manner in three cases of fractured patella, and has been enabled to obtain excellent and firm union.—*Weekly Med. Review.*

BENIGN EPITHELIOMA OF THE FACE—CHLORATE OF POTASH.—Dr. Levegue, in a thesis quoted in the *Glasgow Medical Journal*, gives the following description of "benign" epithelioma: It is a slight local affection, appearing usually in patients of advanced age; of glandular (sudoriporous) or papillary origin; it is first noticed as a tubercle or wart, surrounded by a fibroid or fibrous membrane, in which it lies encysted. At the end of a variable

period, lasting from two to thirty years, it presents a depressed or excavated ulceration, which exposes the whole lesion. There is no glandular enlargement, at least for many years. The radical cure is possible during the whole period of encystment, but when the epithelial proliferation, passing beyond the fibrous barrier which encloses it, invades the skin, the case takes on a graver aspect, and the chlorate of potash must give way to the knife. The treatment of benign epithelioma may be managed in the following way: The ulcerated part must be touched as frequently as possible with a 10 per cent. solution of chlorate of potash in glycerin, and covered with lint smeared with simple ointment. Treatment may last three months, but improvement is manifest at the end of two weeks. If, at the end of three weeks, there be no marked amelioration, the knife must be resorted to.—*Medical and Surgical Reporter.*

TREATMENT OF RINGWORM.—Alder Smith, F.R.C.S., London, writes in the *British Medical Journal*, on this subject as follows: I have been trying for some time to find out what vehicle penetrates most deeply into the hair-follicles, and I think it is chloroform. Chrysophanic acid is a very good parasiticide; and, though it is insoluble in spirit and ether, yet it is soluble in chloroform. Chloroform also dissolves the fatty matter out of the hair follicles, and thus allows the parasiticide dissolved in it to penetrate deeply. During the last year I have used a solution of seven grains of the acid to the ounce of chloroform to all cases of recent ringworm, and believe it is the most efficient treatment I have yet tried. The small patches should be carefully marked out by cutting the hair very closely on them, and the chloroform solution should be well pressed and dabbed into the places with a minute sponge-mop for five minutes two or three times a day, according to the amount of irritation produced. The aim of the treatment is not to remove scabs, but to get the solution to penetrate deeply. The sponge-mop should not be much larger than a big pea, and should be continually dipped into the chloroform bottle, as the solution soon evaporates while it is pressed into the diseased spot, and leaves the yellow acid dry on the place. Great care must be taken that the solution does not run onto the forehead or into the eyes, and that the person using it does not inhale the vapor. I always give full directions about the care necessary in using such a potent remedy, and only apply it to small places of the disease. It is

well for the nurse to keep her face away from the sponge, and to use the chloroform in a current of air and not in a small room. The places should be washed every morning with hot water and soap, to remove any sebaceous matter or crusts, and the hair should be kept closely cut on them till the new hair appears, which is generally in about two or three months; but the remedy should be continued till all diseased stumps have come out.—*Med. Age.*

OYSTERS FOR DYSPEPSIA.—It is not generally understood, as it should be, that oysters have medicinial qualities of a high order (*Ind. Phram*); they are not only nutritious, but wholesome, especially in cases of indigestion. "It is said there is no other alimentary substance, not even excepting bread, that does not produce indigestion under circumstances; but oysters, never." By taking oysters daily, indigestion supposed to be almost incurable has been cured; in fact, they are to be regarded as one of the most healthy articles of food known to man. Invalids who have found all other kinds of food to disagree with them frequently discover in the oyster the required aliment. Raw oysters are highly recommended for hoarseness. Many of the leading vocalists use them regularly before concerts and operas; but their strongest recommendation is the remarkably wholesome influence exerted upon the digestive organs.—*Weekly Drug News.*

TREATMENT OF MALIGNANT GROWTHS WITH PURE LACTIC ACID, CONCENTRATED.—The *Weekly Medical Review* gives an interesting digest of a paper by Prof. Mosetiz-Moorhof, of Vienna, of a series of experiments to determine the power of concentrated lactic acid over neoplasms and other forms of fungoid granulations and products. It appears that this medicament acts entirely on the abnormal structures, leaving the normal tissues altogether untouched. On applying it to lupus vulgaris, and upon conglomerations of other neoplastic cells of low vitality, superficial epitheliomata, and to extensive superficial papillomatous excrescences, the result was a complete softening, showing that the pathological cells are destroyed, with their stroma and vascularization, as is shown by the blackish pulp that results, but no eschara is found.

His method of making the application is as follows: The surrounding healthy parts are covered with a layer of simple cerate, then a piece of cotton saturated with the acid is placed upon the

diseased tissue, and covered with goldbeater's skin, a bandage being applied over the whole; or a paste may be made of lactic and silicic acids, which can be spread over the affected surface. The bandage is removed after twelve hours, and a simple dressing substituted. The pain attending the application is said to be slight. From five to seven applications are generally sufficient for the cure of an ordinary case of lupus, and the resulting scar is invariably soft and smooth.

ARTIFICIAL CHEESE.—In America, a cheap artificial cheese is now largely made from oleomargarine, which forms the basis of butterine, is a clarified oil, obtained from beef-suet; and although its tallowy taste is objectionable, it is an animal product of considerable nutritive value. In the "creameries" of the United States, the cream is so effectually withdrawn from the milk as to leave the latter too poor for conversion into a salable skimmed milk cheese. The skimmed milk is artificially charged with fat in the form of oleomargarine. An emulsion of skimmed milk and oleomargarine is made, and this artificial cream is added to the skimmed milk. This fluid, thus enriched with fat, can be made to yield cheese of a fair quality. An oleomargarine cheese will not "ripen" well, oleomargarine lacking, in great measure, those soluble fats, the decomposition of which marks the green and red mould of old cheese, and gives it a peculiar piquancy.—*British Medical Journal.*

ANTIPYRINE IN CHILDREN.—The following points regarding the use of antipyrine in children are given by Dr. Penzaldt:

1. Antipyrine must be regarded as a remedy well indicated and appropriate in febrile affections of children.

2. In proper doses the drug causes a reduction of febrile temperature amounting to several degrees (Reaumur), and lasting several hours.

3. Reduction of the rate of the pulse does not always correspond with the degree of reduction in temperature.

4. The effects on the general feeling are favorable.

5. Occasional vomiting was the only unpleasant symptom ever observed after its use. If vomiting occur persistently, administration by the rectum is to be resorted to.

6. As regards dose, as many decigrams (one and one-half grs.) are to be given hourly for three consecutive hours as the child counts years: this quantity is to be increased if it prove insuffi-

cient, as will often be the case in small children. An enema may be of a strength of from three to six times as many decigrams as the child counts years.

7. The organism, in a prolonged employment of antipyrine, appeared but rarely to become habituated to its use.—*Louisville Medical News.*

THE TREATMENT OF RUPTURED PERINEUM BY IODOFORM.—The *London Medical Times* says that a recent number of the *Zeitschrift fur Geburtshulfe und Gynakologie* contains an article by Dr. C. Behm on the above subject. He points out that in the region of the vagina and perineum the efficient application of the ordinary kinds of antiseptic dressing is very difficult, if not impracticable, on account of the unavoidable fouling of them by urine and fæces. Iodoform has the property of closely adhering to wound surfaces, over which it forms a felt-like covering, difficult of detachment. It is, therefore, peculiarly suited to the needs of the ano-vulvar region. The method which Dr. Behm recommends is the painting the surface of the wound with "iodoform collodion" (iodoform one part, flexible collodion ten parts). He believes that the protective film thus formed does not act as a foreign body and prevent primary union, but that, on the contrary, by checking secretion, it favors this mode of healing.—*N. Y. Med. Journal.*

THE PHYSICIAN AS A FATHER CONFESSOR.—Queen Isabella of Roumania, wrote some good epigrams, recently published by *The Century Magazine*, wherefrom, the following, referring to the profession, is reproduced: A curate: "I abhor humanity," he contests it. "It is not Christian-like." The physician gives him a dose of rhubarb, and 48 hours after, he loves his fellowmen as much as he hated them before. Another individual confesses to the curate: "I am tired of life," he demonstrates to him the criminality of suicide. The physician prescribes him a tonic, and 24 hours later, life is a paradise to him.

GASTRIC ULCER.—M. Debove (*Progres Medical*, July 12), describes a novel method of treatment of this intractable disease. He is governed by two principles: the avoidance of dilation of the stomach by ingesta, and the maintenance of functional rest. He washes out the stomach very carefully, and prevents gastric digestion by the free admixture of alkalies with the food taken.

Three meals per diem are allowed, each consisting of powdered meat 25 grammes, and sodium bicarbonate 10 grammes. Washings showed that the contents of the stomach never became acid, and that no peptone was formed in the stomach of the patients treated. No alkaline cachexia followed, but the alkali seemed to exert a beneficial influence on the ulcer. The work of digestion is entrusted to the liver, pancreas, and intestine. Two cases, found intractable by other modes of treatment, resulted in recovery under this method.—*Practitioner*, Dec. 1884.

NON-VESICATING CROTON-OIL.—An important discovery seems to have been made by Mr. Harold Senier, of the London Chemical Society, to judge from an abstract given in a recent number of the *Lancet* of a paper read by him at a meeting of the Pharmaceutical Society. It amounts to nothing less than that croton-oil may be separated into two different oils by the action of alcohol, one of which is irritating but not purgative, and the other purgative, but not irritating. When alcohol of the specific gravity of 0.794 to 0.800 is added to croton-oil in the proportion of seven or more volumes to six, the oil separates into two parts—one of them (the vesicating oil) dissolves in the alcohol, and remains soluble in alcohol in all proportions; the other (the purgative oil) separates, and is then found to have become insoluble in any proportion of alcohol. This insoluble oil is said to be a safe and pleasant purgative, free from any undesirable action, in doses of one-tenth to one-half a minim, in the form of pills made with magnesium carbonate and extract of henbane as excipients.

ERYTHROXYLON COCA IN DISEASE OF THE SKIN.—Dr. John V. Shoemaker, in a recent lecture, delivered at the Philadelphia Hospital for Skin Diseases, spoke of the treatment of certain cutaneous affections by the topical application of the fluid extract and extract of erythroxylon coca. The hospital record shows that both preparations had been successfully used, for the past two years, in cases of eczema, dermatitis, herpes, herpes zoster, rosacea, urticara and paræsthesia. A case of acute eczema of the ear and neck was shown which was improving on the local application of one ounce fluid extract erythroxylon of coca to three ounces of water. It was ordered in the same way in a case of dermatitis of both arms. In rosacea of the first stage, in which the nose and cheeks were involved, three drachms of

the extract of erythroxylon cocoa was prescribed to one ounce of lard. It was also applied in a case of perverted sensibility of great irritation of the integument of the lower limbs in an old patient brought before the class. The lecturer stated that the fluid extract and extract of erythroxlon coca, which he had employed now for more than two years, had a most decided sedative action upon irritable conditions of the integument, used either alone or combined with other suitable remedies, which may be indicated.—*Med. Bulletin of Med. and Surg.*, Dec., 1884.

LIVER SPOTS.—In an article on tinea versicolor, or liver spots, the *Medical and Surgical Reporter* says: The treatment is not difficult. The sulphur preparations are all useful, such as sodium hyposulphite, one drachm to the ounce of water; or Velminckx's solution, which is prepared as follows; quicklime, one-half ounce; flowers of sulphur, one ounce; water, ten ounces. Boil down to six ounces and filter; perfume with oil of anise. This may be used diluted with four to eight parts of water, to be dabbed on the patches after a bath with soap and water. At the end of a week scarcely any sign of the disease will remain, and at the end of two weeks a cure may be effected. The result depends largely on the manner of making the application.—*Canada Lancet.*

ALCOHOLIC INJECTIONS IN UTERINE HÆMORRHAGE.—Dr. Hapgood (*British Medical Journal*) reports a severe case of uterine hæmorrhage where the only remedy at hand was a bottle of whisky. He promptty soaked a napkin in the whisky and introduced it into the uterine cavity, with the result of stopping the hæmorrhage. Encouraged by his success, he states, he has now used injections of alcohol in several similar cases, and with such good results that he recommends this treatment to the consideration of the profession.—*N. Y. Med. Journal.*

OLEATE OF BISMUTH IN ECZEMA.—℞.—Bismuthi oxid., ʒj; acidi oleici, ʒj; ciræ albæ, ℈iij; vaseline, ʒix; ol rosæ, m. ij; M. Its action in eczema of the hands is particularly satisfactory. —*Van Harlingen, in Phila. Med. Times.*

CALISTHENICS may be very genteel and romping very ungenteel, but one is the shadow, the other the substance of healthful exercise.—*Frank H. Hamilton, M.D.*

A CHANGE of air is less valuable than a change of scene. The air is changed every time the direction of the wind is changed.

EDITORIAL.

TWO OBSTETRICAL CASES.

A few weeks ago we were called in consultation with Dr. I. A. Cofer in a case of labor—primipara. The patient was 25 years old, weighed 204 pounds; full of blood and large muscular development.

Labor pains had been on six hours previous to summons; no progress was being made, while the woman was becoming exhausted. State of the parts when first visit was made—os very hard, and but very slightly dilated; contraction of uterus caused exquisite pain; perineum thick, hard and very unyielding; manipulations with finger in making examination caused much pain. Everything indicated a slow, tedious, and lingering labor. The mucous membrane of lips and tongue was of a purplish color, vagina rather dry; headache and bright eyes were marked symptoms. This was a case we feared would terminate in convulsions, because every symptom that indicated such a possible complication was present.

TREATMENT.—Gave tinct. of lobelia (seed and herb), 5 drops every 5 minutes, in a teaspoonful of water. After six or seven doses were given a copious secretion was poured out over the vaginal surface as well as around the os, which was now less sensitive to the touch. Pains soon became more regular and persistent. We now proceeded to dilate the perineum with the two fore-fingers of the right hand, which we found at first quite resistant and tough as well as hard. Still keeping up the lobelia in 5 drop doses every ten minutes, now, in half an hour, we were able to make very considerable impression on the perineum with three fingers, which readily yielded to pressure.

We usually prefer to apply the stretching operation during a pain, for then the perineal muscles usually become more tired out and more readily stretched.

In an hour after commencing treatment, we could insert the index finger in os, and by pressing down, could make it yield very considerably.

There was obtained now, an entire relaxation of the perineum and the os. No nausa or other sickness was produced by the

lobelia, notwithstanding the patient had taken over two drachms of a strong tincture.

The reason for this freedom from nausa seems accounted for by the high state of excitement of the central nervous system, which, we believe, would have culminated in convulsions had not the lobelia been so freely used. Dr. Cofer concurs in this opinion also. In three hours we effected a delivery, but while the head of the child had pressed out of the vulva, the left shoulder came down and was firmly set against the perineum. We made haste to prevent this descent of the shoulder in this way, but before any manipulations could interfere, a tremendous pain came quickly and forced the shoulder down. Aid was rendered at once, the shoulder was lifted a trifle to allow the other shoulder to be delivered. Had we not used the lobelia freely there is no doubt the perineum would have been ruptured by this forcible descent of the shoulder, an accident which, we are aware, has not unfrequently resulted from this cause. Final delivery was soon accomplished, and in twenty minutes more the afterbirth and other secundines were safely delivered. No undue flooding followed. The uterus was kneaded a little, and a round hard mass was formed, which remained so until the next day.

The use of lobelia in these tedious labors is not as fully appreciated, though well known to Eclectics, as it should be. The Allopaths would have used chloroform and attempted to deliver with the forceps. We have known of many cases of ruptured perineum or serious damage done parturient women by this kind of procedure, and these are of too frequent occurrence.

The next case was a multipara. Had been quite ill during her pregnancy. Limbs and face much swollen from anasarca; urine had been quite scanty during the last few days previous to labor setting in. As soon as we saw this woman, which was two hours after labor had commenced, there was evidence to us that she would most probably have puerperal convulsions. We at once gave her 3 drops of lobelia every ten minutes, and manipulated the vagina and os to induce reflex action on the uterus and thus provoke pains. By the way, this is a very certain way of getting labor pains, so we gave the lobelia as well to cause a relaxation of the perineal muscles. In an hour labor was well under way, the child's head was coming down, when the mother suddenly gave a shriek and went off into an intense convulsion and

unconsciousness. We then injected 20 drops of tinct. gelsemium hypodermically. It was wonderful to note the prompt influence this had on the convulsions, for in less than an hour they entirely ceased, consciousness partly returned, and the labor went on regularly. We gave her 5 drops of tr. lobelia every 20 minutes, which we could see, after an hour, was relaxing the os and perineum, so much so, that in an hour more a vigorous child was delivered by natural process. No flooding, and a rapid convalescence followed.

NOTES AND JOTS ON THERAPEUTICS.

MONOBROMIDE OF CAMPHOR in masturbation and nocturnal emissions and other kindred nervous disorders, is recommended by Dr. Sherman in Medical Summary. He gives it in 4 grain doses three times a day, which he says does well in all such cases. Dr. J. L. Fogel says it is a specific in spermatorrhœa.

OIL OF WINTERGREEN in rheumatism is regarded by Dr. Suley, of Amherst, Mass., as a specific, in doses of 10 minims, in capsules, every two hours The oil is also applied to the inflamed joints at the same time. This treatment is recommended with much confidence.

OLEATE OF BISMUTH is the new remedy for eczema and pruritus. It acts promptly in allaying all irritation and cures the skin eruption. Apply it liberally to the affected part.

JAMAICA DOGWOOD has been used successfully in the treatment of several cases of severe chorea. It is also used in dysmenorrhœa, in doses of 20 drops of the fluid extract every 2 hours, with the result of abolishing the pain and promoting the flow. Combined with viburnum opul., it has given good satisfaction in the treatment of chronic metritis and congestion of the ovaries during imperfect recovery from parturition.

INUNCTION OF OIL IN FEVERS is claimed by Colrat to lower temperature and promote nutrition. A restless and irritable child falls asleep at once after being greased. In typhoid fever temperature can be lowered several degrees by rubbing the surface, especially over the abdomen and upper parts of the thighs, with cod liver oil with which quinine is mixed. This, also, affords an excellent means for introducing quinine into the system. The practice is applicable in all forms of fevers and inflammations, and particularly in the cases of children.

CLOTHS wrung out of iced water and applied to the abdomen is recommended by Prof. De Costa for subduing high temperatures in typhoid fevers. The German physicians claim to subdue high temperature in pneumonia by applying ice bags over the supra scapular region. In both these regions immense quantities of blood are near the surface and so heat is abstracted by the cold applied, which serves to cool the mass of the blood.

WE have used the following in typhoid fever complicated with troublesome diarrhœa, delirium and high temperature, with excellent results. First, 3 grains of quinine dissolved in glycerine, and repeated three times a day.

Second, ℞. Iodine, grs. ⅙; carbolic acid crystals, grs. ⅙; strychnine, grs. 1-100; glycerine, ʒj. Repeat every 4 hours. This has done good work for us this spring and last winter, and others who have adopted it have been pleased with it.

AGAIN we call attention to the value of strychnine and belladonna as a heart strengthener in low forms of fever and pneumonia. This winter and spring we have had a great deal of the catarrhal form of pneumonia, and the Allopaths have been very unsuccessful in their treatment. They go heavy on the utopian speculations of their leaders in the large cities, and are sure to come out behind every time.

In all our cases of this disease, heart-weakness has been a prominent symptom, to combat which the Allopaths used digitalis largely, but with poor success. We have never had to regret using the compound we have so often called attention to in these pages, strychnia and belladonna combined, in small doses: half a drop each of Bigger's tr. nux vom. and tr. belladonna every hour or two. The Allopaths poison many of their patients with ammonia carb., and many die from the effects of small doses of mercury.

In all these cases of catarrhal pneumonia, we have used an infusion of butterfly weed and the tincture combined, with remarkable good results.

THE ALLOPATHS of Ohio are quenching the fires that have been so fearfully raging in their poor souls during the past year, in the delightfully cool waters of the recent medical law passed by the last Legislature of that State. Texas and Ohio have a common case. Beelzebub and the Allopaths do not any longer run Texas and Ohio.

SPINAL IRRITATION,

As far back as thirty years ago, was an accepted theory, and regarded as a cause of many diseases. We recollect an old medical friend in Michigan, Dr. L. B. Coats, late of Otsego, Mich., now dead, who believed in spinal irritation as a cause of fully half of the diseases of that climate, and for which he prescribed a liniment made by tincturing the roots that entered into the composition of our irritating plaster (a saturated tincture), and then mixing an equal bulk of this tincture and sweet oil together. With this he made a crop of pustules along the spinal column which seldom failed to cure. The main disease afloat then was miastatic in nature. There were chronic agues, and neuralgias of every conceivable shape and color, enlarged spleens and livers, scrofula, and what not? With this liniment he often made some wonderful cures. "Spinal irritation" has gone out of fashion now. You don't see doctors thumping on the spinous process of a patient's vertebral column nowadays to find sore spots. But we know there is just as much of that old "spinal irritation" to be found now as ever there was thirty years ago, and the same treatment is just as efficient now as then to cure the diseases that are associated with these "tender spots" in the spine.

Another good old remedy, the favorite of another old Michigan Eclectic, was his "black jack," which was made of aloes, 2 ozs.; bicarbonate of potash, 4 ozs.; No. 6, 4 ozs., and water, 12 ozs. This was a "sure cure" for chronic chills, liver and spleen enlargements, miasmatic cachexia, dyspepsia, neuralgia, and what not? Old Dr. Pelman used to use gallons of it, and said it was better than quinine in chronic chills. The dose is from one-half to a teaspoonful in half a tumbler of water three times a day, on an empty stomach. At first it purges freely, but this soon stops as the case progresses. Last summer we cured a large number of poor people with it of various forms of disease. It is really improved by age.

CHLORAL IN OBSTETRICS.

Prof. Delbridge teaches his class that chloral is the remedy in false pains, in doses of 10 to 20 grs. Soon the true pains come on and labor progresses evenly. He says he has used chloral to promote the expulsive pains in the first stage of labor, and when the os is hard and only slowly dilating, that a full dose of chloral will, as it were, relieve the pain, yet hasten the expulsive force

of the uterus and dilate the os. In slow labors, pains annoying and not efficient, he claims that a full dose of chloral will change the whole phase of matters, and the uterine contractions will become more energetic. It often happens that a woman who has been harassed by inefficient pain for hours, will go right to sleep after a full dose of chloral, then awake refreshed and enter into the parturient process with courage and is soon delivered. He claims the good office of chloral in obstetric practice should be more extensively made available, as it can save a great deal of unnecessary suffering to parturient women in the proper cases.

SALICYLATE OF SODIUM.

This medicament has come largely into use in the treatment of various forms of disease. Recently Lunin reports a case of polyuria in which the amount of urine was reduced from 8 to 5 litres in less than a week by 7 grain doses of the remedy repeated every four houres. Valerian in infusion of the root, 1 part to 20 of water, was administered toward the end of the treatment. The case was cured in three weeks. Cystitis is successfully treated with this medicament, in doses of 7½ grains every two or three hours during the first few days, then three times a day till the end of the treatment. It has been found a ready specific in acute laryngitis, in doses of 5 to 8 grains every two hours. Several cases of chorea are reported successfully treated with it: all of them children. In some forms of neuralgia, especially those suspected of a rheumatic or gouty nature, the remedy has given satisfaction. In some of these cases the doses had to be increased to 20 grains every two hours before relief was obtained, and in one case of sciatica the dose had to be enlarged to ʒ ss. every two hours; after sixteen hours complete immunity from pain was obtained; then the dose was continued three times a day, resulting in a cure in ten days.

THE CENTURY for May, which came to hand on time, commences a new volume with this number, and by the way, the first edition of this issue is 250,000 copies! "The New Orleans Exposition" is the opening paper. A good bird's eye view of it is given. "Typical Dogs," a well-written paper and largely illustrated, gives a fine description and history of the popular breeds of dogs. The paper on Whittier is so good we read it twice. So, also, is the paper on the "Immortality of Modern Thought," by T. T. Mungor. "Greeley at Cape Sabine" is an

entertaining and instructive paper that gives us a clear view of the relief expedition and the rescue of the Greeley party. The historic war papers in this month's Century are, "Incidents of the Battle of Manassas;" "Manassas to Seven Pines," by J. E. Johnston; "Second Day at Seven Pines;" "The Peninsula Campaign," by Geo. B. McClellan. The article on General Grant is pretty good, and interesting reading just at present.

The *Century* is giving the world the most authentic and impartial, and, therefore, the best history of the late war ever yet published, because the facts and details come from distinguished actors and participants on both sides.

The fiction is very good, particularly the "Rise of Silas Lapham."

SOLEMN.

The American Medical Association, which is the embodiment of all that is Allopathic in North America, has just closed its last meeting—which was held in New Orleans this month—with the following resolution:

"*Resolved*, That steps be taken to *establish* in each State a Board of Examiners of Medical Science, whose certificate shall be the only authority to practice in these States."

A bill to this effect will be referred to the society of each state.

We, in connection with the above resolution, reproduce the following one which was passed at the meeting of the same American Medical Association in 1882:

"*Resolved*, It is not in accordance with the interest of the public, or the honor of the 'Profession,' that any physician or medical teacher should examine, or sign certificates of proficiency for, or otherwise be specially concerned with the graduation of persons who, they had good reasons to believe, intended to support and practice any irregular system of medicine."

The two resolutions will make interesting reading to set before state legislatures on occasions when the Allopaths or their sympathisers introduce bills to establish in each state a "Board of Examiners of Medical Science, whose certificate shall be the only authority to practice in these states."

These two resolutions, standing side by side, would not be so very interesting to Allopaths, but candid and fair-minded people would most probably say they were not badly out of place under those circumstances, as one of them would most clearly explain the meaning of the other.

Eclectics must not sleep.

BOOK NOTICES.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, VOL. XII.

The twelfth volume of the National Transactions came to hand several weeks ago, but too late to be noticed in our April number. This delay has given us opportunity to examine the book, and the time spent with it has been profitable and entertaining. We notice a good improvement in the papers published in it. Many of them are of a high order of merit, and show what progress we are making.

The section work of the last meeting was far more extensive and systematic than that of any previous one. This is a good feature and will add much to the interest of succeeding meetings, if maintained as thoroughly in the future.

No one can read this volume and not be convinced of the fertility of the Eclectic mind in dealing with the intricate questions pertaining to medicine, for many of the papers show a decided superiority of thought and adaptation of means to ends.

Prof. Wilder has done well his part in arranging and systematising the material that enters into the volume. We congratulate him on the excellence of his work, which certainly is a credit to him as editor, and to the workers who supplied the material that composes the book.

As we remarked a year ago, on the previous volume of Transactions, and to this one the criticism applies with equal, and perhaps greater justice, that the Transactions of our National are the peers of similar volumes put out by any of the other great societies of medical men in the United States.

An artotype picture of Prof. Younkin, the late President, graces the frontis of this volume, and a fine likeness it is, too, of the distinguished ex-President.

Our sincere thanks are returned to the urbane editor for his courtesy.

THE OLEATES.—An investigation into their nature and action by John V. Shoemaker, A.M., M.D., Lecturer on Dermatology at the Jefferson Medical College, etc.

The high reputation of Dr. Shoemaker as a writer and teacher on matters pertaining to skin diseases will make the appearance of this little volume very acceptable to the profession.

It is divided into 4 chapters: 1, History and Origin of the Oleates; 2, Process of Manufacture; 3, Physiological Action of the Oleates; 4, Therapeutic Action of the Oleates.

We have read the book with pleasure and profit. It will repay any one to read it.

Finely gotten up in every particular.

F. A. Davis, Att'y, 1217 Filbert St., Philadelphia, Pa., Publisher. $1.00.

VICK'S MONTHLY MAGAZINE reaches us regularly. One of the best. Will club it with the Journal for $2.75.

DIPHTHERIA.

We have had considerable diphtheria in and around Atlanta the last winter and spring.

The best thing in the way of a good remedy that we have used is the following, which has acted as an antiseptic and a tonic: R. Salicylic acid, ʒj; liquor ammonia acetate, ℥ij; quinine sulph., ʒj; acetic acid, q. s. to dissolve the quinine; then add to it hot glycerine, ℥ij; finally, add the salicylic acid dissolved in the liquor ammonia acet. Dose, from half to one teaspoonful every two or three hours. In severe cases, the more frequent and larger dose is given. We have had good results from it in all cases, and can praise the combination.

THE COLLEGE.

As we were going to press last month the contract to enlarge and remodel the College building was let and work had commenced. Since then the work has progressed rapidly, so that the walls are nearly up all around, and the roof of the old building has been taken off preparatory to adding the third story and putting up the new mansard, which will, when completed, give us a most magnificent and commodious college building. We had outgrown the old building; besides this, we are able to have a splendid college building, and the trustees determined it should be. We hope our friends will not forget us. Every cent you donate will be credited to you in the JOURNAL.

JOHN B. DANIEL, the live wholesale drug man of Atlanta. You all know him for his reliability and fair-dealing. He keeps an immense assortment of the best brands of medicines, and sells them to his customers at the lowest cash price. To those who buy their drugs and medicines in Atlanta we say, by all means deal with John B. Daniel. See his advertisement in the JOURNAL.

THE ECLECTICS IN ALABAMA.

MONTGOMERY, Ala., May 6, 1885.—The Eclectic Medical Association, of Alabama, met here to-day in its second annual session. War was declared on the Allopaths, who compose the State Medical Association. A resolution was adopted declaring that no regard would be paid to the State medical laws on the ground that they are unjust and unconstitutional. Dr. R. J. Thornton was re-elected President and W. H. Lamar Secretary of the Association. The membership takes in all that are not regulation Allopaths and has in it the only female doctor, Miss Lizzie Abbott, a graduate of the Georgia Eclectic Medical College, located in Alabama. She is a Georgia lady now practicing in Cullman county.—*Special to Atlanta Constitution.*

ROLL OF HONOR.

The names of the good and true ones who have donated to the College fund:

Prof. I. J. M. Goss	$100 00
Dr. S. D. Durham, Ga	25 00
Dr. Thomas D. Goodwyn, Ga	5 00
Dr. R. M. Moore, Ga	5 00

ALETRIS CORDIAL.

Prof. I. J. M. Goss writes to the *Medical Brief* of his experience with this cordial, put up by the Rio Chemical Company, St. Louis, Mo. He says it is a splendid tonic, and improves digestion in many of the worst cases of dyspepsia, especially in women. In these cases the majority of instances of bad or faulty digestion is caused by womb disease, and Prof. Goss points out the great value of the aletris cordial as a uterine tonic. Prof. G. shows that, by the combination of aletris farinosa with aromatics, and prepared in the way put up by the Rio Chemical Co., a splendid uterine tonic and female regulator is obtained.

IN FRESHLY RUPTURED PERINEUM.—Dr. I. H. Carstens proposes a different method from that usually adopted in treating a case. He either, on account of the tumefaction, waits with the sewing from twenty-four to thirty-six hours, or, if operating immediately, uses lead plates with perforated shot, so that the suture may be tightened when needed.—*American Journal of Obstetrics.*

IODOFORM INJECTIONS IN ABSCESSES.

The iodoform is dissolved in glycerine; the pus is evacuated with an aspirator; then the solution is injected. For every fl. ounce of pus drawn off, 4¼ grains of iodoform in solution is injected. This treatment is recommended in cold abscesses also, which are often scrofulous. It destroys the pyogenic membrane and promotes healthy granulations.

DEEP SEATED CELLULITIS OF THE NECK is a form of phlegmonous erysipelas, and is most generally found in scrofulous children. As soon as the swelling and discoloration begins to show themselves, treatment must be vigorous. Verat. vir, in small and oft repeated doses to reduce the quick pulse, and strengthen the heart with strychnine and belladonna. Baptisia is one of our best remedies in this form of erysipelas. Quinine is well borne by these patients in small doses. When the parts become very full and feel boggy and look brawny, then must incisions be made down to the cellular tissue; often pus lies under the deep fascia of the neck and must be let out. This is imperative. Remember to feed with highly nourishing food and aid digestion with pepsin and malt. Abundant ventilation.

THE COLD WATER TREATMENT OF CHOLERA is not to be despised, its only apparent absurdity is its simplicity and easy administration. There is too much authority of the success of cold water in cholera. Give the patient all he craves, although he vomits up as fast as swallowed, it is nature's cure and serves to wash out the stomach and supply the blood with fluid, for some of the swallows is most certainly absorbed and enters the blood. Soon the vomiting, purging and cramps cease, warmth to the surface returns, and healthy reaction is established. Do not be afraid of cold water in cholera.

THERE will be issued by the New England Publishing Co., Sandy Hook, Conn., during the month of May, a book entitled BERLIN AS A MEDICAL CENTRE, by Horatio R. Bigelow, M.D., of Washington, D.C. This book will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad. The price will be $2.

RECEIPTS FOR JOURNAL.

J. M. Hole, $3.00; E. F. Dyer, $4 00; W. H. Halbert, $2.00; T. F. Laing, $2.00; S. P. Downs, $1.00; J. H. Lea, $2.00; H. J. Hampton, $2.00; S. D. Denham, $1.00; Dr. Grace, $1.00; I. E. A. Ball, $2.00; J. A. Watkins, $1.00; I. L. Couch, $2.00; G. W. Campbell, $3.00; P. D. Flowers, $2.90; W. R. McDain, $2.00; J. C. Bagwell, $2.00; J. D. Ketchenside, $1.50; R. M. Moore, $2.50.

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ORIGINAL COMMUNICATIONS.

THERAPEUTICAL EFFECTS OF TOBACCO.

BY I. J. M. GOSS, M. D., MARIETTA, GA.

Toxical Effects.—Before giving the therapeutics of tobacco it will be appropriate to give its toxical effects. A large dose of tobacco produces nausea, vomiting, purging, and great prostration, and even faintness. It confuses the mind, dims the vision, enfeebless the pulse, and produces a cold, clammy sweat. In lethal doses, tobacco paralyzes the brain and destroys voluntary movement; but it excites the medulla oblongata and the cord, producing first tetanus, which soon subsides, and is followed by paralysis of the motor nerves. The sensory nerves are not affected. Nicotine is the most active constituent of tobacco, which is combined with malic acid, and is an oily, colorless, alkaline liquid. It contains another principle—nicotianine. It is compatible with alkalies, tannin, the iodides, and strichnia, ergot, digitalis, bellodonna, ammonia, alcohol, and all stimulants.

For poisoning by tobacco, an emetic should be given, or the stomach pump should be used, and tannin and the iodides given to counteract the nicotine, and ammonia given to keep up the circulation until the poison is eliminated from the system.

Synergists.—All nerve depressants increase the effects of tobacco. Nicotine acts very quickly, much like prussic acid in its intensity. It is reported by Taylor to have produced fatal results in three minutes after a lethal dose.

It paralyzes the respiratory muscles before those of the heart, yet it slows the circulation, but it is by its action upon the pulmonary nerve center. It has been applied to the muscles of the heart after death, and was found not to impair its contractility.

It quickly lessens exygenation, hence its value in certain forms of inflammation, and in certain forms of fever yet to be mentioned It produces colic in lethal doses, but cures it in medical doses. It produces spasms in over doses, but cures them in medical doses. Its ultimate effect is to paralyze certain parts of the motor system, but there is a stage of tetanus that precedes this profound relaxation. The end organs of the motor nerves lose their excitability, then the trunks of the nerves, then the spinal cord, but the muscular irritability is unaffected. The pupils are contracted by large doses, and are insensible to light. It decidedly reduces the temperature of the body.

The kidneys rapidly eliminate the nicotina. But lethal doses may produce death so quickly that the above symptoms do not all occur. The patient may simply become very sick, stare wildly, fall and expire with simply a deep sigh. Others, who take less of the poison, may have most, or all of the above symptoms.

Therapy.—One of the beneficial effects of tobacco is its arrest of the secretion of milk in the breast. For this purpose a poultice applied to the breast, until it produces the desired effect, or produces nausea. It readily relaxes the tension of the skin and muscular or fibrous tissues, and thereby relieves the pain of most, if not all, superficial inflammations. For this purpose, an ointment of tobacco, made by boiling 1 ℥ of tobacco in eight ounces of olive oil, will be very convenient to apply. It should not be applied to the abraded skin in large quantities, as it is readily absorbed, and produces fatal results quickly. Habitual constipation may be relieved by taking 5 gtts. of the wine of tobacco at bed-time. Strangulated hernia may often be ovecome by an enema of tobacco, say 1 to 2 grs. of tobacco infused in a gill of water, which may be repeated until nausea ensues, or until it produces the desired effect. It is a prompt remedy where paresis of the muscular layer of the bowels has caused impaction of the cæcum, and also in painter's colic. It gives relief in spasmodic asthma. My friend, Crawford W. Long, M. D., of Athens, Ga., told me that he kept off asthma by smoking tobacco regularly. I have used the snuff plaster with success in *laryngismus stridulus*, applied to the neck and breast for a short time. Obstinate hiccough may be relieved by 5 gtts. of the wine of tobacco; yet, large doses cause it. We have no remedy equal to this in tetanus. For this purpose 4 ℥ of the infusion may be

used as an enema, repeated, if it fail to relax the contracted muscles. It has also proven successful in strychnia-poisoning. It may be given by the mouth or by enema, or even by hypodermatic injections, in proper quantities. It overcomes satyriasis very readily, and often checks nocturnal pollutions, due to repletion.

Locally applied over a small surface, it has cured* tinea, scabes, prurigo, petyriasis, and other like skin affections. An ointment of tobacco relieves the pain of hemorrhoids, and the itching of pruritus.

Gen. T. L. Clingman, of Ashville, N. C., in his little pamphlet on tobacco, says that it will cure sclerotitis in men or horses, by applying the juice in the eyes. Gen. Clingman also used it upon himself for a severe sprain of the ankle; which was greatly swollen and very painful. He applied the leaves of tobacco under a moist poultice; which he says relieved the pain so he dropped to sleep in an hour, and upon examination of the ankle next morning, the swelling was also gone, and the skin appeared pale and wrinkled. During the late war Gen. Clingman received a gunshot wound in the leg; the ball entering near the ankle and passing out just below the knee, making a very painful wound. He applied the tobacco to the leg, (which was greatly swollen, and very painful), keeping the tobacco wet by cloths over it. The pain was diminished in an hour or two, and the heat and throbbing ceased, and the limb had but little pain in it, and finally got well. He also states that he received a blow on the right eye in an omnibus in the city of New York, in the summer of 1867, from the whip of the driver. The pain soon became very severe, the sight for the time was lost, the inflammation became excessive. He reached his hotel and applied tobacco over the eye, and secured it by a bandage, which was kept wet in cold water, by dipping his face in a bowl of water frequently. The pain gradually diminished during the entire night so he slept. By morning, he says, he could see the outlines of the open window, and the redness had disappeared. He continued the tobacco most of that day, and until the fifth day, when the eye appeared natural and the sight was restored.

By his advice, Col. A. T. Davidson, of Ashville, N. C., who had violent inflammation of the eyes, applied tobacco on them

*See the author's Practice for full treatment.

with the very happy result of quickly relieving them of all inflammation.

Gen. Clingman also used a poultice of tobacco over his throat for sore throat with like success. He also relieved a lady of the like affection of the throat with the tobacco. And he states that his brother, a physician, has used it with success in eight or twelve cases of sore throat. Gen. Clingman also states that erysipelas of the head was readily relieved by the application of tobacco, kept wet on the skin. This he says he witnessed several times during life.

He states that he has seen it relieve bunions on the feet in a single night. He states that corns of the toes can be cured the same way.

Dr. Johnson says he has invariably cured his hogs of cholera with the infusion of tobacco in buttermilk. He also says he has cured tetter of long standing with it. Col. W. H. Burgwyne states that he cured a very painful boil with tobacco. My friend James Hughes, of Marietta, Ga., cured a large boil on his neck with the tobacco. Senator Z. B. Vance, of N. C., says he cured a bad contusion on his leg by the application of the tobacco.

I have, for many years, used the infusion of some two ounces of tobacco to the quart of water, as a remedy for colic in horses, seldom failed to relieve it with one half this quantity, used as an enema. There is also on record where it cured a bone-felon. All the above cases were relieved with the leaf, but an extract or tincture is better.

MALARIAL HÆMATURIA.

BY E. C. ROTHROCK, M.D., ATHENS, TEXAS.

The primary cause in this disease is malarial poison, producing congestion of the liver and spleen, and embarrassment of their functions, as, also, those of the skin, lungs, intestines and kidneys, followed by a vitiated state of the blood, a disintegration, from accumulation in that fluid of urea, uric acid, biliary matters, sugar, carbonic acid—pernicious principles which are produced in the body in a state of health, aud which should be eliminated by the emunctories as fast as formed. The deleterious effects of such excretions retained in the blood is well illustrated in the uremic or rigor form of this disease. Excessive secretion is debilitating in proportion to the amount of material drawn from the blood. If the normal elements of the plasma

are drawn in excess, the blood is impoverished; but the impoverishment is not all the evil that may result to that fluid. Particular elements are selected by each organ, and these elements are drawn more largely upon; therefore, excessive secretion of the organs, or of an exclusive organ, will depurate the blood and destroy its equilibrium; hence, excessive action of the kidneys will eliminate nitrogen; therefore, a preponderance of hydrogen and carbon in the blood; excessive secretion of the liver, which is rich in the last two elements, will leave an excess of nitrogen in that fluid. These two secretions should balance each other in the blood, to maintain its normal constituents. Again, deficient secretion is as important, pathologically, as excessive secretion in exerting a deleterious influence, depending, however, upon the character of the element retained: the reabsorption of bile produces less injury than an arrest of the secretion. The kidneys having a vicarious action in part, the coloring matter and other elements of the bile are voided in failure of the depuratory action of the liver. The skin, also, performs part of the duties of the kidneys when the renal secretions are deficient, and vice-versa.

The toxic effect of malaria, acting on the nerve-centers through the mediumship of the blood, is the main factor in excessive or deficient secretion. The vasa-motor nervous system is diffused over the whole fabric, every capillary, every blood-changing vessel, having its element of this system, aided by the sympathetic, which controls and attracts the blood to aid in functional action, as muscular contraction, and mental impulse experienced in emotion and sensation. It is this that causes determination of blood to the brain, and diffusion in the capillaries of the cheek in blushing. As the nervous system exercises such power over the movements of the blood, so does its influence extend to it in regard to health. If the nervous system is in a diseased condition, the blood also takes on an abnormal condition: if the blood becomes deficient in its health-giving elements, the whole system becomes involved sooner or later, "for the blood thereof is the life thereof." Accordingly, to meet indications in malarial hæmaturia—swamp-fever—we administer hypersulphite soda in plenty of water, three or four ounces, 10 grs. every three hours; in fact, an anti-zymotic, and, if given in cold water, will, in conjunction with the water, prove anti-emetic. Eliminate hydrocarbon by the liver, with black snake-root (cimicifuga-race), ser-

pentaria vir., (fl. exts.,) of each thirty to fifty drops every four hours until it has the desired effect. Eliminate urea by the kidneys, with spts. nitre, dulce, aqua, of each one ounce; chlorate potash, one-and-a-half drachms; rub up in a mortar; give a teaspoonful every two hours. Beware of stimulating the kidneys to excess. Vomiting will, probably, be controlled by the hyposulphite of soda and cold water (not ice-water); if not, give cold green tea, coffee, citric acid, nux, tinct. or oxalate-cerum, or pepsin. If hemorrhage is excessive, use ergot, rhus-aromatica, gallic acid, etc. Sinapisms of mustard to epigastrium and warm fomentations, one or the other, to the abdomen, and warm foot-baths are measures not to be neglected, and to be repeated often. But do not, O do not, give mercury in this disease. I would as soon bleed in a discrasis of the blood, and who would dare resort to ether in a hydromical patient. In twelve hours from commencement of treatment, administer tincture of iron, 10 to 15 gtts. thrice daily. After acute symptoms or stage have abated, treat as ordinary malarial cases. The sulphite of soda and chlorate potash could be alternated every two hours, or one or the other used—either or both will prove specific. *Blisters* should never be used in this disease; they do harm; so does *quinine* in the *active stages*. As tonics, we use iron and salicin; stimulants, port wine, sherry, and sometimes whiskey—of course, when indicated.

To sum up indications for treatment: Stimulate gently the liver and kidneys, and carefully regulate the bowels; but do not depress the patient's strength by severe purgatives. Attention must be paid to the digestive organs. All diet must be cold, and of liquid form. Milk is the best food, and may be freely given. After a day or two beef-tea and chicken-soup may be added. Watch the condition of the nervous system—sedatives may be required. Pay attention to the state of the heart and vascular system: the action of the heart may have to be increased, or it may have to be decreased by sedatives: the vascular system may have to be acted on by astringents. Watch the state of the eliminating organs and the condition of the skin. The vapor bath to be used to secure the free action of the sudoriferous glands. Rest—general rest.

THE principal ingredient of luminous paint is sulphide of calcium, but its luminous property is largely due to its method of manufacture, which is kept secret.

THAT GOAT-BUSINESS.

BY M. F. DUMAS, M.D., BALD KNOB, ARK.

In the April No. of the JOURNAL, Dr. Kirk, of Mississippi, takes me to task on the *coition business*. Now, Doctor, I did not intend to say that all the "lower animals" cohabited during pregnancy. Neither did I intend to say that all women and all she-goats cohabited during pregnancy. But I do claim that goats and so-called human beings are the only animals who are guilty of performing that little operation while their "shemales" are impregnated. I don't suppose that you will deny goats cohabiting during pregnancy. I have seen them at it often. I still claim that Nature never intended women to cohabit while carrying their young.

Other animals (aside from the goat) refuse to do so, which is sufficient evidence that for women to do so is unnatural.

I do not know that I am a "model of a man" in this respect, but I most generally "practice what I preach." But if I should violate the teaching, that would not make it right; neither would it justify others in violating one of Nature's laws. In refraining from cohabiting with my wife during her pregnancy, that does not prevent me from "lying out with the dry cattle" once a month, just to remain healthy, "you know." Coming down to "brass tacks," once a month is sufficient for any man, if he wishes to remain healthy.

Now, as to the women, my observation teaches me that the majority of women are opposed to cohabiting during pregnancy, and I cannot believe that any woman ever aborted for the want of copulation.

The ancient Hebrews understood this thing thoroughly. They never cohabited with their wives after they were certain that their women were pregnant. They only cohabited in order to propagate their species. This was one cause of their practicing polygamy.—[*See Josephus.*] The same thing is the cause of the Mormons practicing polygamy. There are very few Mormon women who will permit such a practice after they have become impregnated, and they, with the ancient Hebrews, would not cohabit while they were nursing their children. I am speaking of the higher classes—intelligent classes. Of course, we will have a few brutish men and women in every nation and community, generally of the lower classes, the ignorant.

Now, as to a negro woman ever suffering for the want of cop-

ulating, this is too absurd to talk about. The majority of the negro women and bucks are worse than goats or minks. The bucks never allow the "wenches" to suffer in this respect at any time. It is the abuse of the thing—excessive cohabitation—that causes the wenches to abort, most generally.

Now, when a slight skin disease, anger, joy, grief, fright, crowded rooms, an excess of carbonic acid gas in the bed-room, or in churches, etc., an unpleasant odor in the room, like the smoke of a candle-wick, running a sewing-machine, etc., will cause a women to abort for the first three months of her pregnancy, in one who has aborted, why not coition do the same? Coition produces temporary congestion of the pelvic viscera, and this will often produce an abortion in one who is liable to the mishap. I am not speaking of *premature delivery*, but *abortion*.

If we should meet a case where the woman had ever aborted, and during the first three months of her next pregnancy, or any subsequent pregnancy, she should be so unfortunate as to be very amorous, instead of advising coition, we should prescribe kali-bromide, which would do the work for her, without producing an abortion.

Now, Doctor, I have said my say, in haste and in a good humor. I hope you will overlook errors and think over the subject ere you throw down the glove again.

[Let this be the last of this particular subject.—ED.]

"THE BONDAGE OF THE BANDAGE"

BY FRANCIS ANSON EVANS, M.D., NEWBERN, TENN.

Under the above caption, Dr. Lyman Watkins (*California Medical Journal*, Oct., 1884) calls attention to the fact that the post-partum abdominal binder is going out of fashion among all "up-to-snuff" medicine men. He calls it an "ancient absurdity," and thinks it a fruitful cause of many uterine disorders. Just where Dr. W. discovered this last fact I am unable to ascertain. The Doctor thinks a great many women, in passing through the throes of labor, become too nearly exhausted to stand the handling incident to bandaging; and also believes the trouble of putting on the band causes uterine hemorrhage.

For my part, I rather have a warm side for this specimen of "ancient absurdity." I have never yet beheld a single disorder traceable to bandaging. Neither have I seen, nor can I see,

how uterine hemorrhage should result therefrom. On the other hand, I believe disorders not infrequently arise from neglecting to properly bandage the mother. I always put on the binder. The woman expresses her comfort immediately on having it put on. The operation of putting it on is simple, and, if properly done, does not weary the most delicate. I shall continue this old fogy, unfashionable plan yet awhile, though I may be classed with the man who persisted in believing that the sun "do move."

MALT-EXTRACTS AS FOOD AND MEDICINES.

BY I. J. M. GOSS, M. D., MARIETTA, GA.

Among the many improvements in the diet of the invalid, as the outgrowth of chemical knowledge, is malt-extracts. A more thorough acquaintance with the process of digestion has revealed the fact that the process of malting converts the starch of barley into grape-sugar just as does the saliva and pancreatine. This fact has lead to the utilization of the diastase of the cereals for the needs of children and dyspeptics where the digestion of starch is imperfect or defective, or slow.

If malt is mixed with farinaceous food before it is eaten, or when taken with the food at meals, or any time before acid forms in excess in the stomach, it is found highly useful in the conversion of the starchy elements into grape-sugar. It is well known that in the malting process the starch of grain is more or less converted into grape-sugar. It is believed that a portion of it is converted into maltose, while another portion is less completely acted upon, but is partly transformed into grape-sugar. And in addition to this amyloid metamorphosis, the albuminoids of the grain, and the mineral salts thereof, are retained in a soluble and digestible form in malt-extracts.

As a consequence of this fact, malt-extracts form a very appropriate food for those whose digestion is much impaired. Children that have to be fed in infancy should always have malt-extract as a part of their diet. It is a food of a highly nutritious character, yet, contained in very small bulk, and consequently, available when the stomach would reject any food in large bulk.

Where the natural diastase is defective in quality or quantity the artificial diastase-maltine may be given. It may be given alone at meal time, or it may be combined with pepsin and pancreatine, as is done now by some manufacturers.

Maltine may be added to milk for children. as it is sweet, and readily mixes with milk or gruel, it can be taken with these articles without disgust. If a little maltine were added to the food of children that are fed early in life, we would not have so many cases of infantile indigestion as we now have.

When the saliva, aided by the pepsin and pancreatine, comes in contact with the starchy elements of the food, it soon converts these elements into sugar; provided these chemico-vital fluids are healthy, and in suficient quantity, but if not, then the maltine—the artificial diastase or solvent, is required to aid the digestion. Maltine will be found of much benefit to infants or adults that have such imperfect digestive fluids as to be unable to convert the starchy elements into sugar. This converting power of maltine is much increased sometimes by the addition of an acid, where acid is deficient in the gastric fluid in the stomach.

In that wasting disease—phthisis pulmonalis—where there is not only a failure in nutrition, but also a failure in digestion, maltine becomes at once one of our most direct remedies. If it is thought proper to give cod-liver oil, the two may be combined and a little wine or brandy added, or aromatics to render the oil acceptable to the stomach. Mal-nutrition is to be guarded against in this disease, as well as bad digestion, both of which are elements of the disease, and perhaps factors in the production of the disease itself. Maltine has proven a great boon to the unfortunate consumptive. Its merits have been tested in hospitals and in private practice, and yet holds its own. Being rich in diastase, albuminoids and phosphates, it cannot fail to be of great value in the treatment of chronic conditions of waste and malnutrition, especially as these morbid conditions are founded in phthisis.

It not only aids the digestion of ferinaceous articles of food, but at the same time it is itself a brain, nerve and muscle producer. Maltine may be thought of wherever a reconstructive is indicated. Not only is it applicable in phthisis pulmonalis, but also scrofulous affections, chronic syphilis and cachectic conditions generally. In atonic dyspepsia maltine, wine and pepsin (and pancreatine if indicated), are of much value.

These preparations are prepared properly by the Maltine Manufacturing Co., or Reed & Carnrick, New York. Maltine is made from malted barley, wheat and oats, and contains a large

proportion of nitrogenous matter—the carbo-hydrogen and the phosphates of these cereals. It is seen at once that maltine then is bone-producing, fat-making and muscle-feeding in its very composition.

It is a powerful solvent of bread and all farinaceous food, consequently, it is a remedy for the debilitated invalid, no matter what may be his disease. When combined with pepsin and pancreatine, it aids the digestion of all proper articles of diet for the dyspeptic. When combined with pure wine, it becomes a valuable article for the typhoid patient when he needs a stimulant.

ABSTRACTS.

DISINFECTION AND DISINFECTANTS.—The Committee on Disinfectants, appointed by the American Public Health Association, has prepared a preliminary report, from which we take the following extracts:

The object of disinfection is to prevent the extension of infectious material which gives rise to them. This is accomplished by the use of disinfectants.

There can be no partial disinfection of such material; either its infecting power is destroyed or it is not. In the latter case there is a failure to disinfect. Nor can there be any disinfection in the absence of infectious material.

Recent researches have demonstrated that many of the agents which have been found useful as deodorizers, or as antiseptics, are entirely without value for the destruction of disease germs.

This is true, for example, as regards the sulphate of iron, or copperas, a salt which has been extensively used with the idea that it is a valuable disinfectant. As a matter of fact, sulphate of iron, in saturated solution, does not destroy the vitality of disease germs or the infecting power of material containing them. This salt is, nevertheless, a very valuable antiseptic, and its low price makes it one of the most available agents for the arrest of putrefactive decomposition in privy vaults, etc.

Antiseptic agents also exercise a restraining influence upon the development of disease germs, and their use during epidemics is to be recommended, when masses of organic material in the vicinity of human habitations cannot be completely destroyed, or removed, or disinfected.

While an antiseptic agent is not necessarily a disinfectant, all disinfectants are antiseptics; for putrefactive decomposition is due to the development of "germs" of the same class as that to which disease germs belong, and the agents which destroy the latter also destroy the bacteria of putrefaction, when brought in contact with them in sufficient quantity, or restrain their development when in smaller amounts.

A large number of the proprietary "disinfectants," so-called, which are in the market, are simply deodorizers or antiseptics of greater or less value, and are entirely untrustworthy for disinfecting purposes.

Antiseptics are to be used at all times when it is impracticable to remove filth from the vicinity of human habitations, but they are a poor substitute for cleanliness.

GENERAL DIRECTIONS.

Disinfection of Excreta, etc.—The infectious character of the dejections of patients suffering from cholera and from typhoid fever, is well established; and this is true of mild cases and of the earliest stages of these diseases, as well as of severe and fatal cases. In cholera, diphtheria, yellow fever and scarlet fever, all vomited material should be looked upon as infectious. And in tuberculosis, diphtheria, scarlet fever and infectious pneumonia, the sputa of the sick should be disinfected or destroyed by fire. It seems advisable also to treat the urine of patients sick with an infectious disease with one of the disinfecting solutions below recommended.

Chloride of lime, or bleaching powder, is, perhaps, entitled to the first place for disinfecting excreta, on account of the rapidity of its action. The following solution is commended:

STANDARD SOLUTION NO. I.

Dissolve chloride of lime, of the best quality, in soft water, in the proportion of four ounces to the gallon.

Use one pint of this solution for the disinfection of each discharge in cholera, typhoid fever, etc. Mix well, and leave in vessel for at least ten minutes before throwing into privy vault or water closet. The same directions apply for the disinfection of vomited matters. Infected sputum should be discharged directly into a cup half full of the solution.

STANDARD SOLUTION NO. II.

Dissolve corrosive sublimate and permanganate of potash in soft water, in the proportion of two drachms of each salt to the gallon.

The only advantage which this solution has over the chloride of lime solution, consists in the fact that it is odorless, while the odor of chlorine in the sickroom is considered by some persons objectionable. This solution is highly poisonous. It is proper, also, to call attention to the fact that it will injure lead pipes if passed through them in considerable quantities.

DISINFECTING AND ANTISEPTIC POWDER.

One pound of chloride of lime; one ounce of corrosive sublimate; nine pounds of plaster-of Paris. Pulverize the corrosive sublimate and mix thoroughly with the plaster-of-Paris. Then add the chloride of lime and mix well. Pack in pasteboard boxes or in wooden casks. Keep dry.

As an antiseptic and deodorizer, this powder is to be sprinkled upon the surface of excreta, etc.

To disinfect excreta in the sick room, cover the entire surface with a thin layer of the powder, one-fourth inch in thickness, and if the material is not liquid, pour on sufficient water to cover it.

Disinfection of the Person.—The surface of the body of a sick person, or of his attendants, when soiled with infectious discharges, should be at once cleansed with a suitable disinfecting agent. For this purpose Standard Solution No. III.* may be used.

In diseases like smallpox and scarlet fever, in which the infectious agent is given off from the entire surface of the body, occasional ablutions with Labarraque's Solution, diluted with twenty parts of water, will be more suitable than the stronger solution above recommended.

In all infectious diseases the surface of the body of the dead should be thoroughly washed with one of the standard solutions above recommended, and then enveloped in a sheet saturated with the same.

Disinfection of Clothing.—Boiling for half an hour will destroy the vitality of all known disease germs, and there is no better way of disinfecting clothing or bedding which can be washed than to put it through the ordinary operations of the laundry. No delay should occur, however, between the time of removing soiled clothing from the person or bed of the sick and its immersion in boiling water.

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*One part of Labarraque's solution (liquor sodæ chlorinatæ) and five parts soft water.

N. B.—Solutions of corrosive sublimate should not be placed in metal receptacles, for the salt is decomposed and the mercury precipitated by contact with copper, lead or tin. A wooden tub or earthen crock is a suitable receptacle for such solutions.

Clothing may be disinfected by immersion for two hours in a solution made by diluting Standard Solution No. I with nine parts of water—one gallon in ten. This solution is preferable for general use, especially during the prevalence of epidemics.

Cothing and bedding which cannot be washed may be disinfected by exposure to dry heat in a properly constructed disintecting chamber for three or four hours. A temperature of 230° Fah. should be maintained during this time, and the clothing must be freely exposed—*i. e.*, not folded or arranged in piles or bundles, for the penetrating power of dry heat is very slight.

The temperature above mentioned will not destroy the *spores* of bacilli, *e. g.* of the anthrax bacillus, but is effective for the destruction of all disease germs which do not form spores; and there is good reason to believe that this list includes smallpox, cholera, yellow fever, diphtheria, erysipelas, puerperal fever, and scarlet fever (?) Moist heat is far more effective, and it is demonstrated that ten minutes' exposure to steam, at a temperature of 230° Fah., will destroy all known disease germs, including the most refractory spores.

Disinfection of the Sick-room.—In the sick-room no disinfectant can take the place of free ventilation and cleanliness. It is an axiom in sanitary science that it is impractible to disinfect an occupied apartment; for the reason that disease germs are not destroyed by the presence in the atmosphere of any known disinfectant in respirable quantity. Bad odors may be neutralized, but this does not constitute disinfection in the sense in which the term is here used. These bad odors are, for the most part, an indication of want of cleanliness, or of proper ventilation; and it is better to turn contaminated air out of the window, or up the chimney, than to attempt to purify it by the use of volatile chemical agents, such as carbolic acid, chlorine, etc., which are all more or less offensive to the sick, and are useless so far as disinfection—properly so-called—is concerned.

When an apartment which has been occupied by a person sick with an infectious disease is vacated, it should be disinfected. It is hardly worth while to attempt to disinfect the atmosphere of such an apartment, for this will escape through an open window

and be replaced by fresh air from without, while preparations are being made to disinfect it. Moreover, experience shows that the infecting power of such an atmosphere is quickly lost by dilution, or by the destruction of floating disease germs through contact with oxygen, and that even smallpox and scarlet fever are not transmitted to any great distance through the atmosphere; while cholera, typhoid fever, and yellow fever, are rarely, if ever contracted by contact with the sick, or by respiring the atmosphere of the apartments occupied by them.

The object of disinfection in the sick room is, mainly, the destruction of infectious materal attached to surfaces, or deposited in crevices, etc. If the room has been properly cleansed and ventilated while still occupied by the sick person, and especially if it was stripped of carpets and unnecessary furniture at the out set of his attack, the difficulties of disinfection will be greatly reduced.

All surfaces should be thoroughly washed with a solution of corrosive sublimate, of the strength of one part in 1000 parts of water, which may be conveniently made by adding four ounces of Standard Solution No. IV.* to the gallon, or one pint to four gallons of water. The walls and ceiling, if plastered, should be brushed over with this solution, after which they may be white-washed with a lime wash. Especial care must be taken to wash away all dust from window ledges and other places where it may have settled, and to thoroughly cleanse crevices and out-of-the way places. After this application of the disinfecting solution, and an interval of twenty-four hours or longer for free ventilation, the floors and wood-work should be well scrubbed with soap and hot water, and this should be followed by a second more prolonged exposure to fresh air, admitted through open doors and windows.

Disinfection in Ingesta.—It is well established that cholera and typhoid fever are very frequently, and, perhaps, usually transmitted through the medium of infected water or articles of food, and especially milk. Fortunately, we have a simple means at hand for disinfecting such infected fluids. This consists in the application of heat. The boiling temperature maintained for half an hour kills all known disease germs. So far as the germs of cholera, yellow fever, and diphtheria are concerned, there is

*Dissolve corrosive sublimate in water, in the proportion of four ounces to the gallon, and add one drachm of permanganate of potash to each gallon.

good reason to believe that a temperature considerably below the boiling point of water will destroy them. But in order to keep on the safe side, it is best not to trust anything short of the boiling point (212°F.,) when the object in view is to disinfect food or drink which is open to the suspicion of containing the germs of any infectious disease.

During the prevalence of an epidemic of cholera, it is well to boil all water for drinking purposes. After boiling, the water may be filtered, if necessary, to remove sediment, and then cooled with pure ice, if desired.—*Polyclinic.*

CHRONIC INTESTINAL CATARRH.—The location of the pain, the considerable amount of mucus in the stools, the fact that gastric digestion was not much affected, and that there was not nearly as much prostration of the general health as we should have expected had the disease involved the higher portion of the alimentary canal, all indicated that the disease was chiefly in the larger bowel.

In considering this case, I pointed out to you the great importance of rectal medication, and that, in many instances, the use of suppositories or enemata was the only way in which the disease could be cured; and that, under this plan of treatment, the recoveries were often remarkable, while the continued use of medicines by the mouth might prove ineffectual. By this plan the stomach can be reserved for the administration of tonic remedies.

In this case, I ordered an injection of four ounces of water, containing one grain of nitrate of silver and fifteen drops of deodorized laudanum, to be thrown into the bowel, and the following to be administered by the mouth; R.—Strychniæ sulph., ½ gr.; acidi hydrochloric. dil., 2 drachms; tinct. gent. comp., q. s. ut ft., 4ʒ. M. Sig. A teaspoonful before meals. Under this treatment, decided improvement has taken place. The tongue looks better, and the diarrhœa is not so marked. The treatment will be continued. The restricted diet will still be insisted on, and the patient kept in bed most of the day, being allowed to be up a short time to take moderate exercise.

I have seen a number of remarkable results from even such simple injections as the one used in this case. A chronic dysentery is sometimes kept up by a trifling patch of inflammation in the rectum or sigmoid flexure. I have had a number of patients come to me who had been under treatment for years.

They would have two or three loose stools in the morning, and then be comparatively comfortable all through the day. Change of diet would have but little effect. There would be some colicky pain across the lower part of the abdomen and in the line of the large intestine, and not much about the umbilicus; the appetite pretty good, and the tongue clean, although rather pale. I have seen such cases which had existed many years, and in one of them the disease had lasted fifteen years, and had resisted all kinds of remedies. There are many cases of chronic diarrhœa which are beyond the influence of remedies administered by the mouth; and it is not until, by the use of medication addressed to the rectum, we have relieved some local catarrhal irritation, that we are able to effect a permanent cure.

Where the rectum is very irritable, and particularly where there are associated with it internal hemorrhoids, and, possibly, a disposition to looseness or diarrhœa, I wish to refer to the value of hot injections into the rectum, and especially such injections with the addition of some astringent. I know of no substance which is more agreeable as an enema than coffee. From half a pint to a quart of strong black coffee may be used, as hot as will be tolerated by the rectum. You have seen the beneficial effects of hot water in external inflammations in the form of hot-water dressings, in catarrh of the stomach in the form of hot drinks, and in uterine inflammation in the form of hot-water injections. In these cases of congestion and catarrh of the lower bowel, a good plan is to give in the morning an injection of hot water, and then, at another period of the day, as at night, a second small medicated injection, and have the patient go to sleep and retain it.

On the other hand, I also want to call attention to the value of very small cold injections into the rectum in cases of irritable rectum. An injection of two ounces of water, as cold as the patient can bear without giving him a chill, retained all night, will sometimes act magically in relieving the irritation disposing to frequent discharges.

All of this simply goes to show the value of enemas adapted by your judgment to the different conditions of the system, and particularly the different local conditions; these constitute a valuable measure of controlling many conditions which too often are treated with medicines given only by the mouth, which never reach the post.—*Med. Times.*

THE SPINAL CORD AT THE REGION OF THE FOURTH AND FIFTH DORSAL VERTEBRÆ.—"For many years, and soon after my introduction into practice, I had invariably observed in every case of hysteria, chorea, neuralgia, facial paralysis,, and other neuroses in females, the co-existence of pronounced spinal tenderness on pressure over the fourth or fifth, more frequently the fourth and fifth, dorsal vertebræ; with this practical result, the almost invariable and rapid cure of those maladies by remedies applied over these vertebræ alone. At first I regarded these manifestations as attributable to the peculiarity of the female constitution, its sensitive nervous system, its proclivity to emotional influences, and its general structural excitability: but soon after recognizing a similar condition of the spinal column in males so affected, I perceived that it was not referable to the female habit of body alone, but to localized lesions of distinctive character common to either sex, which, in the absence of more technical nomenclature, might be considered as a form of so-called "spinal irritation." Still further observation elicited the extraordinary fact that this local spinal peculiarity, which at first I had looked upon as a morbid symptom, was in reality the normal condition of every healthy individual as well, of every age and class.

"Of 300 men between twenty-one and sixty-five years, members of the Royal Irish Constabulary, equal in physical development to any in a regiment of the line, and under my professional care, whose vertebral columns I examined at various times, every man shrank with an expression of pain when similarly tapped over the fourth or fifth dorsal, the great majority over the fifth, some on the fourth and fifth, the remainder on the fourth only, and, like the other classes examined, exhibited no sign of pain or inconvenience when the remainder of the spinal column was similarly examined. Of the existence of this limited zone of spinal hyperæsthesia in the healthy subject, any one may satisfy himself by tapping sharply over the dorsal spines of a friend, when the phenomena I have noted will at once become evident; or, if still doubtful, he can experience in his own person its reality, through the instrumentality of another; but the knuckles or the percussion hammer must be made to strike the spinous processes vertically, and not at an obtuse angle, or in a careless or perfunctory manner, as otherwise disappointment is likely to result. The pain experienced over these sensitive points is pecu-

liar; some compare it to an electric shock diffused over the chest and arms; others liken it to a tingling sensation caused by a knock upon the ulnar nerve at the end of the elbow, and all declare that it is of a most disagreeable nature. It is evident that the constant presence in the healthy and the delicate constitution of this latent form of spinal hyperæsthesia must, to a great extent, affect the teaching of those writers on spinal pathology who regard tenderness on pressure upon the vertebral column between the shoulders as a pathognomonic sign of spinal disorder. It had been for many years regarded as such by myself; but the fact of so many painful affections having been thoroughly cured by counter-irritation over this spot made the conclusions appear to me as absolutely certain; yet I was mistaken, for, paradoxical as it may appear, although counter-irritation in this place rapidly removed the complaint, yet, when the raw surface healed up and the cure was complete, the original spinal tenderness remained as pronounced as at first.

"Among the ailments which yielded so rapidly to the counter-irritant treatment were trigeminal neuralgia, facial paralysis (Bell's), acute hysteria, dysmenorrhea, the reflex vomiting, the neuralgic toothache and the pruritus of pregnancy, gastralgia and other neuroses, and when vesication was the method adopted, I was generally able to assure the invalid that in five hours, coincident with the formation of the blister, all painful symptoms would prematurely take their departure. By neuralgia, I mean the typical disease of remittent character, generally, but not always, departing at night to recur at the same hour every morning, or vice versa, and not that hybrid ailment, principally rheumatic, so often miscalled. Chorea has almost always yielded to this plan of treatment, with some important exceptions, including the chorea of pregnancy, and that form depending on organic cardiac disease. The dysmenorrhea of neuralgic type yields readily, and I have not once failed for many years, by a single vesication over these vertebræ, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache, and the pruritus pudendi of the puerperal condition, yielded as readily, and to one application.

"In our present imperfect knowledge of spinal pathology, it is not easy to explain how it is that remedies applied solely to this limited area of the spinal column can control and cure dis-

eases located in the periphery and in distant organs. I have failed to obtain any proof that any fibrillary connections can exist between the dorsal cord or nerves and those conducting motor or sensory power to the organs under consideration. There is nothing peculiar in the structure or dimensions of the cord at the mid-dorsal region, save that it is narrower and more compact than in other parts of the neural axis."—*Med. Review.*

CATARRHAL CONJUNCTIVITIS.—Emil Brendel, M.D., Cedar Rapids, Iowa, says: Catarrhal conjunctivitis is characterized by the reticulate appearance of the superficial bloodvessels derived from the arteria ophthalmia on the sclerotic surface, increased secretions and pain caused by friction of the engorged bloodvessels, by which it can always be recognized. The treatment varies according to the severity of the attack, from simple shielding the eye and washing with common salt water, to the brisk application of strong solution of metallic salts

But sometimes it happens that the most careful or energetic treatment is of no avail. The bloodvessels will not shrink, the swelling not recede and chemosis not be prevented. By such cases I was induced to give secale cornutum, and with an astonishingly favorable action. I gave it before bed-time, and repeated it, if the patient awoke, in small doses of fifteen and twenty drops of the fluid extract. During the next day nothing but washing in solution of ammonia chlorat and shielding the eye was necessary. I had to repeat that treatment rarely for more than two or three days.

Whether this treatment is applicable to deeper-seated inflammations, as sclerotitis or iritis or not, I have no experience, but there is no reason to doubt it as long as there is no purulent discharge, when an internal astringent stimulant would be more proper.—*Peoria Med. Monthly.*

SALT MEAT FOR BLEEDING FROM THE NOSE.—H. Perdue, M. D., in the Medical and Surgical Reporter, says that a method for checking epistaxis which has never failed him, is to plug the whole length of the nares (nostrils) with a piece of fat bacon or fat salt pork. He cuts the meat into pieces long enough to plug the whole cavity from which the blood flows, and smooth so that it can be pushed in with a twist. The meat may be held in position by adhesive plaster across the end of the nose. The doctor ties a short string to the meat by which it may be removed when desired.

ANNUAL ADDRESS OF THE PRESIDENT OF THE ECLECTIC MEDICAL ASSOCIATION OF ALABAMA.—At the recent meeting of the Eclectic Medical Association of Alabama, Dr. R. J. Thornton, President, delivered the following address:

Gentlemen of the Eclectic Association of Alabama:

We have assembled again, one year since our organization, and for what have we assembled? It may be well for us to pause and consider, that we may appreciate the great importance of our undertaking. It is not to concoct some great political scheme—it is something greater than that. It is not to devise some great corporation for the accumulation of large sums of money. No—something greater than that. Nor to initiate some grand scheme to found an empire, but something greater than all these, or any other earthly consideration. The grand object that underlies and is the basis of our organization is to alleviate human suffering, the prolongation of human life. "All that a man hath will he give for his life."

Wealth and greatness with their gilded allurements lose all their lustre when health is gone. We would far sooner be the humblest commoner in rags, possessed of life and health, than the dying Emperor that wears a crown. Then what an important undertaking is ours. And having cut loose from hoary-headed quackery, and dared to denounce the physicians and practices that had their origin coeval with a dark age; and being humble followers and worshipers that kneel at the shrine of truth, and follow with delight wherever its dazzling light may lead, we become fit characters to walk in the van of progressive medication. But pleasing as the thought may be, and however conscious we may be that we are the advocates and followers of rational medication, like all those that have gone before us who have condemned the errors of established systems, we are the subjects of the severest criticism. We are denounced by the Allopathic fraterinty as ignoramuses and quacks, and unworthy of professional recognition; and stilted as they are in Alabama by the legs of the law; (obtained by lobbies, false pretenses and misrepresentation) they feel that they are masters of the situation. But I want to tell them that, "Truth crushed to earth will rise again," etc. The rheumatic joints, the toothless jaws, the pestiferous breath, the aching nerves, and the pale and cadaverous cheeks that stand out all along the line, the results of a false system, are causes that never cease their cry for reformation.

The silent graveyards, peopled as they are by hosts of their victims, like Banco's ghost, will not down at their bidding. A few more bulletins advertising their false pretences and ignorance by the advance men of their faith, like those sent out in the treatment of Garfield and Gen. Grant, will shake the very pillars of the faith the people have in them These exhibitions of ignorance come like thrusts between the joints of the armour and the crest of their pride is humble, and their cruelty will surely bite the dust. It seems to me my friends that one of the most important steps for us to take as an organized body, will be to put in operation some plan that will wipe out this class legislation in Alabama—this unconstitutional law that makes us subservient to our enemies. All we desire is an open field and a fair fight; the contest is between truth and falsehood—between rational medication and a time honored system that puts reason to flight, and in a fair contest truth and justice will prevail. Then in a broader field we can administer to our suffering fellows, and thus carry out the philanthropic end we have in view, make smoother the lives of more, and give back more loved ones to their friends and perchance snatch more victims from the jaws of the monster death. Although the life of the physician is one of ceaseless toil and anxiety, there is a bright side to look at. That we have battled with the ills of life for others good; that we have plucked up thorns and planted roses along the pathway of others. O, happy reflection in the end.

> "No radiant pearl that crested feature wears,
> No gem that twinkling hangs from beauties ears,
> Nor the bright stars that night's blue arch adorn,
> Nor rising sun that gilds the eternal morn,
> Shines with such lustre as the tear that breaks
> For other's woes down virtue's manly cheeks."

Although we are hedged about by opposition, and defamed by an interested profession, I sometimes turn from the unrighteous judgment that clouds the present to muse on a more beautiful picture of hope penciled upon the canvass of the future by the fervent hand of desire. Already the many life destroying agents and practices have been denounced by the great mass of civilization, and some have become obsolete through the influence of reformation. And I trust soon in the twilight of reform-day to see all those practices and agents of destruction and death trooping home—down, down to hell—and the sun of reformation, though now wrapt in clouds, and the red mist of morning com-

ing higher and higher, and soon reach the zenith, and see a world rejoicing in the noonday splendor of reform and rational medication.

ANTISEPTIC INTESTINAL MEDICATION.—STERCORŒMIA.—Dr. Dujardin-Beaumetz, in a recent conference at the Cochin Hospital, has established upon a scientific basis beyond doubt that the intestinal contents contain in the physiological status:

1. Micro-organisms discovered by Leubbenhock in the fæces, and subsequently studied to the point of describing a great variety of species. These micro-organisms are derived both from the ingesta and from the atmosphere.

2. Organic alkaloids and all the derivatives from the putrefaction of the albuminoids. These alkaloids, once in the blood, are prone to act as cardiac poisons, thus provoking convulsive alterations and modification of the pupil. There are several circumstances which can hinder their elimination through the natural channels of the organism, giving rise to certain phenomena, akin to those of uræmia, called stercoræmia. The kidneys and the intestine eliminate the toxic alkaloids, and the liver destroys them in part. If, however, this equlibrium is disturbed; if a too rapid absorption occurs in the intestines, through loss of epithelium or ulceration, or because the phenomena of putrefaction are not sucfficiently attenuated by the digestive ferments; or finally, if the liver fails to act, then the pathological condition, called stercoræmia, is manifeted.

Purgatives are the agents employed to favor the elimination of toxic substances out of the intestinal tract. Belloc's charcoal, in rectal injection, in the dose of two or three tablespoonfuls, suspended in six ounces of water, is a good means to modify the intestinal contents, but as this action is not thorough, in order to reach the whole of the intestinal tract, the use of the antiseptics by the stomach is required. Among these M. Dujardin-Beaumetz gives the precedence to Belloc's charcoal, iodoform and bisulphide of carbon. This is his formula: bisulphide of carbon, ʒ j.; water, ʒ xiij; essence of peppermint, 30 drops. M. Put the mixture into a quart bottle, shake, let it rest, and take 8 or 10 tablespoonfuls daily in a teacupful of milk. The same mixture is used to disinfect the bed pans or closets to destroy the germs of infection.

Dr. Dujardin has for the last six months employed this sensi-

ble and economic mixture in typhoid fever, in the dose of six tablespoonful daily, with excellent results, as an antiseptic, without any accident.—*El Dictamen*. Madrid, March 10, 1885.—*Western Med. Rep.*

TREATMENT OF INFECTIOUS SORE THROAT.—I always administer an emitic in the beginning. As long as vomiting lasts and the tongue appears coated, I give as little nourishment as possible. All my patients were young and vigorous, so that, instead of stimulating, I had more than once the idea of bleeding, and would have done so, on account of the active inflammation, had not the feeling of general debility which attends these cases restrained me. This period usually continues to the third day, when, the irritability of the stomach having ceased, I let them take fluid but nutritious food, returning to solid aliment as soon as the condition of the pharynx permits its being swallowed without injury to the inflammed parts. I further advise the patient to use the following gargle every ten or fifteen minutes: R. Acid salicylic, ʒ j; acid carbolic, m xxiv.; sodii borat, gr. lxx.; glycerin, f ʒ j.; aqua distillat, f ʒ xj. M. Sig. Use as a gargle.

Internally I order a teaspoonful, in half a tumblerful of water, of this medicine: R. Quinine hydrochlorat, gr. xxxvj.; tinct. ferri chlorid, f ʒ j.; acid muriat. dilut, f ʒ ij; tinct. cradamom. com., glycerine, syrup. aurant. cortic., aa q. s. ad., f ʒ iij. M. This is taken every three or four hours until the more moist appearance of tongue and the general condition of the patient indicate amelioration of the symptoms, when the size and the frequency of the doses are rapidly diminished. As soon as the first indication of disturbance of the urinary function sets in, I prescribe a teaspoonful of infusum digitalis, to be taken every four hours. When the secretion has been re-established, I still continue for one week longer the same dose; for another day the patient is directed to take it but three times daily, and then this medicine is stopped, having achieved its purpose. If the pain in the neck or in the shoulder be very severe, I have found the best result from this liniment: R. Chloral hydrat, ʒ j; camphoræ, ʒ ss.; ol. amygdal, f ʒ j. M. Sig. To be applied with a camel's hair brush to the painful parts, the application to be renewed on return of pain.

Besides paying attention to the bowels and employing general measures, as regular feeding, cooling drinks, sponging of the

body several times daily, etc., the above contains the whole treatment. For the sleeplessness commonly met with in the beginning I have ceased to prescribe, as experience has taught me that the patients feel better, regain sooner their natural sleep, and recover more quickly, when no hypnotic whatever is employed.—*Hugo Engel. M. D., in Philadelphia Med. Times.*

APPLICATION OF REMEDIES IN COLLODION TO THE SKIN.—Barnes (American Jour. Pharmacy) finds that wood-tar dissolves in collodion in the proportion of 1 to 4. An alcoholic extract of coal-tar reduced to a syrupy consistence dissolves in the same proportion. Half a drachm of iodine is taken up by an ounce of this solution. For oil of cade the proportion is 1 to 5; for gurjun oil, 1 to 3–4; balsam Peru and oleic acid, 1 to 4; glacial acetic acid and crystallized carbolic acid, 1 to 4; creasote and essential oil of mustard, 1 to 7; extract of belladonna, 1 to 8. Aconitine, atropine, and hyoscyamine dissolve easily; veratrine, by the addition of a little oleic acid, and morphine the same, as by the following formulæ: ℞. Veratinæ, gr. vii.; collodii, ʒvii; acidi oleici, ʒi, M., or ℞. morphiæ, gr. iv ad ix; collodii flexile, ʒvii; acidi oleici. ʒi. M. White precipitate, iodide of lead, iodide of cadmium, and sulphur dissolve (?) in the proportion of 1 to 7; oleate of zinc, 1 to 4. Iodide of sulphur cannot be employed in this combination, as it becomes decomposed.—*Phila. Med. Times.*

KNEE-CHEST POSTURE FOR DISLODGING LOCKED TWINS.—A new procedure for dislodging locked twins is described, with an illustrative case, by Dr. T. S. Galbraith, of Seymour, Indiana, in the American Journal of Obstetrics. Being summoned hastily to a case of difficult delivery, under the charge of a midwife, he found a child delivered except its head, which, with the chin extended, was in the right oblique diameter of the pelvis. The head of another child was also found occupying the cavity of the pelvis, presenting with its occiput to the front, and was driven down so firmly as completely to bar the further progress of the labor. With the patient on her back the head was immovable, but on causing her to assume the knee-chest posture, the attendant found himself able to push it out of the way by introducing his hand, and a few seconds later the first child was delivered still-born; the second was delivered with the forceps, and survived.—*American Practitioner.*

COCAINE IN CHORDEE.—I have had two cases recently of chordee, accompanying gonorrhœa, which has yielded easily to the soothing influence of an injection of the hydrochlorate of cocaine. The first case I had exhausted almost everything in my efforts to relieve. It was one of those obstinate cases with which we meet sometimes, and which seem to defy all treatment. I gave this man an injection of 10 drops of a four per cent. solution mixed with 30 drops of water. After this injection was introduced, I worked it along the urethral canal until the mucous surfaces were bathed in the solution. I then allowed it to remain several minutes. From this time out I had no further trouble with either the chordee or the patient. The second case yielded a like result.—*New England Medical Monthly.*

FURNITURE POLISH.—The subjoined simple preparation will be found desirable for cleaning and polishing old furniture: Over a moderate fire put a perfectly clean vessel. Into this drop 2 ounces of white or yellow wax. When melted add 4 ounces pure turpentine; then stir until cool, when it is ready for use. The mixture brings out the original color of the wood, adding a lustre equal to that of varnish. By rubbing with a piece of fine cork it may, when it fades, be removed.

DIGESTIVE DYSPEPSIA REMEDY.—Malt extract, 6 fl. ounces; pepsin, saccharated, 240 grains; tincture of ginger, 2 fl. ounces; fluid extract of golden seal, 1 ounce; Essence of peppermint, ½ ounce; fluid extract of senna, 1 ounce; whiskey, 4 ounces; water, enough to make a pint. Mix them. "Shake before taking." This is not a nice-looking mixture, and would hardly be a popular remedy for the market. It is also too expensive for general sale, but is a very effective digestive and dyspepsia remedy, and may be found useful by some of our patrons.—*The Formulary*

LIGHTNING RENOVATOR.—Castile soap, 4 ounces; hot water, 1 quart. When the soap is dissolved, add: water, 4 quarts; aquæ ammonia, 4 ounces; sulphuric ether, 1 ounce; glycerin, 1 ounce; alcohol, 1 ounce. Mix. An excellent preparation for removing grease, etc.—*Med. Brief.*

PRURITUS VULVÆ.—R. Sodii hyposulphitis, ʒ iv.; glycerin, ʒ ij.; aquæ destilat.; ad ʒ vj. M. Sig. As lotion.—Fox. This simple combination has proved very effective in that troublesome and very annoying malady, pruritus vulvæ, and also in tinea versicolor.—*N. E. Med. Monthly.*

GERMAIN SEE, in his recent work on Phthisis is bacillar; there there is no other kind; it is a virulent disease due to a special specific micro-organism, always inoculable on animals, transmissible from diseased to healthy persons by way of direct contagion, far more propogated by heredity, very frequently localized in one organ, and thus has been capable of cure without compromising the rest of the organism."

ULCERS OF THE CORNEA.—Scrofulous ulcers of the cornea, and those occurring in smallpox are promptly healed by the application, twice daily, of a few drops of the following solution: Sulphate of eserine, gr. ii.; aq. dis. zi. Eserine is an alkaloid obtained from the calabar bean, and is also called physostigmine.

This solution is also useful in acute glaucoma, presbryopia, and neuralgia oculi.—*Medical Herald.*

DYSENTERY OF CHILDREN—ERGOT.—Twenty-one cases of dysentery in children, reported by Dr. G. Magruder, of Washington, were treated with fluid extract of ergot, 5 to 20 drops four or five times a day. Almost every case immediately responded to treatment, and was either entirely relieved or much improved.—*Va. Med. Monthly.*

OLEOZE.—The German preparation called oleoze, so great a favorite in disguising unpleasant remedies and making most compounds pleasant to smell and taste, has the following composition: One part each of the oils of lavender, cloves, cinnamon, thyme, citron, mace and orange flowers, three parts balsam of Peru, and two hundred and forty parts of spirits.—*Ex.* [One drachm of this added to ʒ ij. of simple syrup will disguise the taste of ʒ of quinine.—ED.]

PROCEEDINGS OF THE ECLECTIC MEDICAL ASSOCIATION OF ALABAMA, 1885.

The Eclectic Medical Association of Alabama met in annual session in the city of Montgomery, at the Exchange Hotel parlors, May 6th, 1885, and was called to order at 10:35 a.m. by Dr. R. J. Thornton, President of the Association, who proceeded to deliver his address, which was ordered printed in the GEORGIA ECLECTIC MEDICAL JOURNAL, official organ of the Association.

The minutes of the last meeting were read and approved.

Dr. J. N. Gradick, of Selma, expressed the sentiment of Reform physicians in a short and tasteful speech. It was well re-

ceived, and gratification of the Association was expressed at the presence and participation of the aged Reformer.

Dr. W. R. King, of Montgomery, gave a resume of medical affairs in his city, and asked for an aggressive, open-handed policy.

Drs. King and Williams gave a history of their year's work before the last General Assembly, which showed that much had been done, though the specific object had not yet been accomplished.

On motion of Dr. Williams, the following additional names received a place on the roll of the Association:

Drs. W. R. King,	J. N. Gradick,
J. N. Arrington,	J. J. Coker,
D. B. Ford,	—— Key,
—— Maraval,	—— Martin,
—— Whiting,	Jos. Bailey.

Dr. D. B. Williams, junior member.

Dr. Stone, of Michigan, honorary member.

On motion, the Association adjourned to meet at 2 p. m.

AFTERNOON SESSION.

The Association was called to order by the President.

Dr. Williams suggested that each member report on the status of Eclecticism, and give any information useful for the furtherance of the cause. He made his report as delegate to the last "National," and gave an account of the size and character of the Association, and the handsome manner in which they were entertained by the Eclectics of Cincinnati, and assured any who might attend the next "National," at Altoona, Penn, of an interesting and instructive time.

Dr. King advocated a policy that would look to securing the co-operation and influence of liberal-minded men in the Allopathic ranks, and moved that the President appoint a committee of three to draft a suitable address, and, together with the proceedings of this session of the Association, send it to every physician in the State, and to others of influence who would likely give it a fair consideration. Motion was seconded and adopted, and Drs. King, Lamar and D. B. Williams were appointed said committee.

It was resolved that the membership fees be used to carry out

the purposes expressed in the above resolution, and should more money be needed, the committee was instructed to call on the Association for it. Recording Secretary, as member of that committee, was instructed to receive the membership fees.

Dr. King called attention to the recent speech of Dr. Jerome Cochran, State Health Officer, at the recent meeting of the M. A. S. A., and characterized it as a monumental piece of egotism, and thought it ridiculous that intelligent men could be found who would applaud it.

Miss Dr. Abbott read a paper on the medical millennium in the Allopathic fraternity. It was able and interesting, and the Association voted her thanks for it.

The revised Constitution and By-Laws were read and adopted.

Dr. Stone urged the necessity of supporting the Georgia Eclectic Medical College. Support and patronize her, and Alabama Eclecticism would receive a reflex ten-fold benefit.

It was resolved that the present medical law of Alabama to regulate the practice of medicine is unconstitutional and unjust, and we recommend our practitioners to entirely ignore it. The Legislature has no right to deprive any man of property rights without trial by jury.

All the present officers were re-elected for the ensuing year. They are:

President—R. J. Thornton, Tuskegee, Ala.
1st Vice-President—J. W. R. Williams, Opelika, Ala.
2d Vice-President—D. N. Moxley, New Providence, Ala.
Recording Secretary—W. H. Lamar, Auburn, Ala.
Corresponding Secretary—Miss Lizzie Abbott, Bremen, Ala.
Treasurer—J. W. Abbott, Bremen, Ala.
Consulting Surgeon—F. W. Abbott, Bremen, Ala.

Dr. Stone, representing Parke, Davis & Co., Detroit, Michigan, by invitation addressed the Association on the subject of pure drugs. He was exceedingly modest in his claims for his excellent house, and distributed a number of samples among the physicians present.

The following committees were appointed during the evening session:

On arrangement, W. R. King.

On Theory and Practice, J. W. R. Williams, W. H. Lamar, M. L. Fielder.

On Obstetrics, Miss Dr. Abbott, F. H. Standifer.

On Materia Medica, J. N. Gradick, J. D. Arrington.

On Surgery, F. W. Abbott, D. B. Williams, J. L. Vineyard.

A vote of thanks was ordered to the Advertiser, A. Strasburger and the Exchange Hotel for courtesies extended.

At 8:35 p. m. the Association adjourned, to meet 1st Wednesday in May, 1886, in Montgomery.

R. J. THORNTON, President.

W. H. LAMAR, Recording Secretary.

D. B. WILLIAMS, Ass't Rec'd Sec'y.

EDITORIAL.

DYSENTERY

Will most likely be prevalent this summer. It prevails to a considerable extent now with us. Extreme tormina and tenesmus are prominent symptoms. In all cases there is considerable febrile movement, weak and frequent pulse, great prostration and restlessness. The pain, in some cases, has been extremely great, needing prompt attention to prevent greater exhaustion of the vital powers. In a few cases the desire to go to the chamber is almost constant, and the tormina correspondingly great.

The treatment has had to vary with the nature of our cases, and careful observation of the condition of the patient. The state of the tongue, the mode of beginning of attack, as well as the range of febrile movement and the texture of pulse have been good guides in selection of treatment.

In those cases where the tongue is broad and flat and heavily coated with dirty white or yellow at base, and some diarrhœa preceding general onset of the disease, we have found: ℞.—Castor oil, ℥ss; oil turpentine, ʒss; made into emulsion with yolk of egg and glycerine, aa ℥j; M. Sig. Take at once, and repeat in two or three hours, if neded to open the bowels. During the time we order the mucilage of flax seed in half-cupful doses every half hour, which helps to open the bowels, and has a very soothing effect on the lower bowels. In some cases this timely dose of castor oil serves to break the force of the disease, especially so if no food is taken for a day or two save skimmed milk.

To combat fever, aconite has no equal, and if the pulse is full and feels firm we add gelsemium in twice the quantity. ℞.—

Aconite, gtts. 30; gelsemium, gtts. 60; M. S. 3 drops every hour in mucilage of flax seed or elm. We find the liberal use of mucilage a desirable aid in the treatment. In two cases in which tormina and tenesmus were very severe, the evacuations from the bowels small in quantity, slimy, and the fluid having the appearance of the bloody washing of fresh beef and scraped hog's guts mixed, the greatest relief of all the symptoms was obtained from administering a teaspoonful every half hour of: R.—Bichloride of mercury, grs.j; water, ℥vi; tr. iodine, gtts.v; pot. iodide, grs.iv. M. Very severe pain and constant tenesmus were checked by a hypodermic of 5 drops of a solution of two grains of atropine in one fl. oz. of water; 10 drops of McMunn's solution of opium was added to the hypodermic. We have found McMunn's solution of opium the best anodyne of all other preparations of the drug in controlling tormina and tenesmus, given by the mouth in doses of 10 to 20 drops, and repeated in an hour or two; however, the hypodermic injection of atropine, in our experience, has served the best purpose in severe cases of tormina and tenesmus. Its effects last longer. Aconite and gelsemium combined have controlled the febrile movement finely. The combination allays nervous excitement, and has a quieting effect on the colon and rectum. Biggers thinks well of podophyllin in 1-40th grain dose, given in 20 or 30 drops of our neutral cordial, repeated every hour or two. In some cases, when there has been diarrhœa a day or two previous to the attack, we find castor oil emulsion a very valuable remedy with which to commence treatment. An ounce each of castor oil and glycerine rubbed up well together form a fine emulsion, half an ounce of which makes a dose, and the action is kind, free from tormina, gently unloading the bowels without causing pain or exhaustion. Recently, we ordered a patient the above dose, who was suffering severely from tormina and tenesmus, a constant desire to go to stool, and whose passages were not fecal, but slimy, and looked like the wash water off of fresh meat. In a case of this kind recently treated—tormina and tenesmus very severe—a tablespoonful of this emulsion was administered; this was followed up with flax seed mucilage in repeated doses, an enema or two of this mucilage containing 10 drops of McMunn's solution. In three hours a copious fecal evacuation was followed by a complete relief of all the bad symptoms. This emulsion of castor oil, administered in 20-drop doses will be found, at times, a very fine sedative to the intestinal tract.

Many years ago we went through an epidemic of dysentery which was attended with fearful mortality. Those, however, who used epsom salts and aromatic sulphuric acid had the best success. The usual formula was, ℞.—Magnesia sulphate, ℥iv; aromatic sulphuric acid, ℥j; water ad ℥viij; M. S. Tablespoonful ½ in half a tumbler of sweetened or barley water every hour or two. As soon as the evacuations became of a bilious fecal nature, the whole phase of the case was changed for the better.

Persistent vomiting, or harassing nausea, is frequently a symptom in severe, acute attacks of dysentery, which precludes administering medicine by the mouth. Many old eclectics successfully combatted this symptom with enemas of lobelia and slippery elm mucilage, a practice we have seen to succeed after all other means had failed. We have used hypodermic injections of atropine with success. A cataplasm sprinkled with mustard, and large enough to cover the entire abdomen; hot fomentations applied to the abdomen; the alcohol sweat administered for half an hour. Each of these is often successful in arresting persistent vomiting. The point aimed at is to cause a revulsion of blood from the inside of the abdomen to the cutaneous surface.

The action of minute doses of podophyllin in acute dysentery should be noted: given in doses of 1-20th to 1-40th grain every hour, the bad symptoms are very often overcome in 24 hours. Combining these doses with ¼ grain of leptandrin, we think, insures a better action in every respect. Biggers claims that podophyllin acts more kindly when administered in our compound neutral syrup of rhubarb hydrastis and potas. bicarb, which we are inclined to endorse.

Typhoid symptoms, with red tongue, prostration, offensive evacuations of broken-down membrane, pus and blood, sordes, high temperature, call for gelsemium and myrica cerifera. This latter is a valuable antiseptic and stimulant tonic, with valuable astringent properties well suited in this form of dysentery. Acid hydrochloric, gtts. 1 or 2 every hour in water. In these cases, especially where the evacuations appear like scrapings of hog's guts in bloody wash water, the bichloride of mercury, as already alluded to, and given every half hour, often act like magic in altering the whole phase of the case. Quinine and hydrochloric acid go well together, the former for its supporting powers to the

nervous system. Several formulæ are of great service in these typhoid cases: ℞.—Quinine sulph., ʒj; acid phos, dil., tr. muriate iron, aa ʒij; strychnine sulph., grs. ss; glycerine ad. ℥iij; M. Teaspoonful every hour or two in mucilage or water. ℞.—Quinine sulph., grs. xxx; tr. capsicum, ʒss; tr. nux vom., ʒss; acid hydrochlor., q. s. to dissolve quinine; glycerine ad. ℥j; M. Sig. Teaspoonful every 2 hours. Again we call attention to the bayberry in decoction in typhoid dysentery, as well as in other typhoid diseases.

Attention must be called to good ergot in dysentery, for the physiological action of the medicament on the vasomotors shows that it is well adapted to these forms of diseases. Ergot relieves the pain and the tenesmus, increases blood pressure, and supports the capillary circulation because of its influence over unstriped muscle and, also, on the vasomotor centres.

In low typhoid dysentery tinct. of baptisia, in minute doses, often changes the whole phase of the case for the better, and we are sure, as frequently stated heretofore in previous issues, it acts on the vasomotors directly.

The antiseptic treatment of dysentery is worth looking into. In one case a wonderful change for the better was brought about in twenty-four hours by: ℞. Carbolic acid crystals, grs. x; iodine, grs. iij; salicylic acid, grs. xxx; glycerin, ℥ ij; water, ℥ ij. M. Teaspoonful every hour. In some cases pure creasote has been used with good results. Cases have been cured with salicylate of soda, grs. 5 every two hours.

This and the creasote combined often stop the severe vomiting in the outset of these cases. Strychnine in these diseases has always been of marked use, especially when the heart is weak and the capillary circulation feeble. When there is the peculiar stolid dullness of intellect with that marked leadish hue of the face, puffiness of the mucous membranes around the eyes and mouth, some Eclectics think well of the combination of tr. belladonna and podophyllum: ℞. Tr. bella., ʒ i; tr. podophyllum, ʒ ss. M. Sig. One drop every hour in water. We have found it of great use also.

Colocynth is a noted remedy for tormina and tenesmus, accompanied with very small, bloody and muco-purulent passages with urgent desire to go to stool every few minutes. ℞. Coloc., gtt. 5; water, ounces 4. M. Sig. Teaspoonful every hour.

Tinct. of colocynth and tr. of nux vom. combined will often

stop the constant tormina and straining and allay the irritation of the rectum and colon. Suppository of opi. and bellad.

Ipecac is an old remedy that has done wonderful service in many a severe epidemic of dysentery. Its praise has been sounded by many good men, and we have seen much of its valuable and good service in this disease. Not less than five grains should be given in mucilage, with a few drops of tr. opium to check vomiting. Soon as tolerance is established, doses of ʒ ss have been given with success, but these are rather large. It is about next to impossible to obtain a pure and unsophisticated powder, so the fl. ext. is to be preferred, such that is made by any of our advertisers can be trusted. As soon as the evacuations become bilious the cure is effected.

Tympanites is a serious symptom in this disease. Turpentine is the conventional remedy, but when the tongue is red and dry, sordes on the lips and teeth, it is not to be relied on. Some old Eclectics in this condition used successfully oil of erigeron in drop doses repeated every two hours, rubbed up with mucilage of elm. We have seen it do well. Turpentine does well when the tongue is not very dry, and often teaspoon doses are well borne and do good. Camphorated dover powder made with chlorate of protas is often a valuable anodyne and useful even when tympanitis is present. Oil of turpentine and oil of erigeron in various proportions combined have given excellent results, especially if some delerium is present.

The value of mucilaginous and demulcent drinks are too great to be neglected in dysentery. Their local soothing effect warrants this plea.

External applications are of great value. In one epidemic of fearful mortality of this disease, we saw several cases saved by applying a large slice of beef steak over the abdomen, which remained on six hours and was removed and replaced by another. Each slice actually stunk when removed. The effect was something wonderful on many occasions, especially children. Another good application externally, is a plaster made by spreading lard over a piece of cloth large enough to cover the whole abdomen and the larded surface liberally sprinkled with the emetic-powder of our dispensatory.

Injections are not to be neglected. Some recommend voluminous injections of solutions of nitrate of silver and other salts, as chloride of zinc and sulphate of copper, of the strength of ½

to 1 grain per ounce. We have found mucilage and McMunn's fluid of opium very good. Some cases are relieved by ice water injections; others by water as hot as can be borne. Solution of boric acid often affords a very acceptable injection, 2 or 3 grains to the fl. ounce of water or thin starch water and a few drops of McMunn's solution of opium. We get fine results from this in severe cases. repeated as often as the patient expels it; after a little while the irritation will have subsided and the injection retained.

In treating dysentery, even cases of apparent mildness, be sure to forbid patients rising to go to stool. Have them use the bed pan in the recumbent position. Many a life has been snuffed out by getting up every few minutes to go to stool. This rule is imperative.

An excellent stimulating and anodyne pill in mild cases is: ℞ pulv. lobelia seed, pulv. African capsicum, leptandrin, aa, ʒj. M. Make 60 pills; one is a dose.

For food, nothing is better than beef or chicken broth free from fat; feed ad. lib. Avoid much starchy food. A good food, and deserving of being better known, is simply an emulsion of glycerin and the yolk of eggs in equal parts. This is nourishing and affords fuel for burning. A teaspoonful is the dose every hour or two. It is far better than the disgusting beef and pancreatic peptones now on the market, which hardly one person in a thousand can tolerate. Butter milk.

THE GEORGIA ECLECTIC MEDICAL COLLEGE.

The next session will commence on the first Monday of Oct., 1885, and continue till March, 1866. Faculty: I. J. M. Goss, M.D., Professor of Practice and Materia Medica; A. G. Thomas, M.D., Prof. Anatomy and Chemistry; Wm. M. Durham, M.D., Prof. of Diseases of Women and Children, and of the Parturient State; G. W. Delbridge, M.D., Prof. of Obstetrics; J. F. Hammond, M.D., Prof. of Clinical Medicine and Nervous Diseases; Jos. Adolphus, M.D., Prof. of Surgery and Physiology, and Dean of the Faculty.

This College has been rebuilt and enlarged to accomodate 100 students.

It is conveniently located, is provided with all the appliances essential to impart a thorough and practical medication in all its branches. The Faculty are experienced teachers who have

their work well in hand. Students of medicine will find it to their professional and pecuniary advantage to attend this College if they intend making the practice of medicine and surgery their occupation. For announcements and all other information, address,

JOS. ADOLPHUS, M. D.,
Dean of the Faculty, College Building, 48 Butler St., Atlanta, Ga.

EMETIC POWDER OF KING'S AMERICAN DISPENSATORY.

A subscriber writes for the formula, which is as follows: ℞. Pulv. lobelia, 12 ounces, pulv. blood root; pulv. skunk's cabbage, aa, 6 ounces; pulv. ipecac, 8 ounces; pulv. capsicum, 2 ounces. Mix. Some physicians think the quantity of capsicum is too much by half. We have never found it so. It is the best external application in pulmonary and intestinal diseases we have ever used, and this is the opinion of all who have used it.

ALABAMA ECLECTICS.

We call attention to the proceedings of the State Association of Alabama Eclectic physicians, and the address of the President, all of which we publish this month. The meeting we learn was a good one and gave evidence of the solid unification of the Eclectic medical profession in that State. The liberal profession of Alabama has the hearty congratulations and confidence of the whole liberal profession in the United States.

THE NATIONAL.

Remember the National meets at Altoona, Pa., on Wednesday, 17th of June. We have reduced rates from Atlanta. We hope a respectable delegation from the South will attend. Be in Atlanta so as to leave on 14th.

THE RECENT MEDICAL LAW of Kansas is as fair as any law of the kind can be. Nine members constitute the board. No school shall be represented by a majority on the board. Whether the Allopaths will be satisfied is yet to be determined. How can they, and be loyal to the Allopathic code and traditions? But the world jogs on for all that.

PORTAL CONGESTION with cerebral congestion, Batholo prescribes colchicum.

THE COLLEGE.

The mansard on the College is completed and the upper story nearly finished. Every one who sees it admires the beautiful and graceful appearance of the building, though it is not yet out of the hands of the contractors. We will have the finest dissecting room in the city, and two other large lecture rooms, while the museum room will be ample to accommodate our large collection.

Who can have any greater pride in the College than its alumni? They must feel proud of their *alma mata*, for her good name and reputation are not confined to Georgia, but are resounded wherever Eclecticism flourishes.

The next class will be double the last in size; of this there is no doubt, for the correspondence and enquiries that reach us every day regarding the next session bespeak this as a foregone conclusion. Nearly every graduate of the College has written us he will be at the next opening, and many promise to bring students. Verily, the College has started on a more extended career of usefulness with the brightest and most cheering prospects in view.

ABDOMINAL CONGESTION

In children at this time is, though, not very frequent, yet a sufficient number of cases have occurred during the last two weeks to put us on our guard and serve as a warning that as the season advances it will be frequent in varied forms. At present the main symptoms are constipation, a chill, semi-lethargic mind, slight convulsions. These are followed by sharp reaction and more convulsions and fever.

Treatment: Open the bowels with enema, using warm soapsuds with a little castor oil and half a teaspoon of soda bi-carb. We have seen copious, hard fecal evacuations obtained in this way. After this, administer a teaspoonful of: ℞ Tr. bella., gtt. x; tr. gelsemium, gtts. xv; water, ℥ iv. M. Every hour till fever is reduced, then give: ℞. Quinine sulph., grs. x; acid tartaric, grs. viii; rochelle salts, ʒ ij; water, ℥ i; aromatic elixier of licorice, ℥ ss; simple syrup, q. s. ad. ℥ iv. M. S. Teaspoonful every 2 hours. When fever runs high, give aconite, gtts. x; water, ℥ iv. Teaspoonful every hour. Tr. bella., gtts. v; tr. nux vom., gtts v; glycerin, ℥ ss; water, ℥ ii. M. S. Teaspoonful every hour; this is a powerful equalizer of the circulation.

THE suit against the N Y. Eclec. Med. College, instigated and pushed on by the Allopaths of the State of New York, has been discontinued. A bit of welcome news we have gleaned from a communication of Dr. Geo. W. Boskowitz, the Dean of the Faculty of that College, to the Mass. Ec. Med. Journal. Dr. Boskowitz says: "Though New York was apparently the field, the battle was against eclecticism *per se.*

We also learn that the last Legislature of New York passed a bill to incorporate the New York College of Medicine and Surgery, which bill is still awaiting the Governor's signature. Will there be any combinations formed to help the Allopaths defeat this bill becoming a law? Who will answer?

It is well to remember while we are helping to put out one eye of those we don't like, we are really laying the foundation for putting out two eyes for our selves. Persecutions are like chickens, they are sure to come home to roost.

BICHROMATE OF POTASH has been used with marked success in diphtheria and membraneous croup. The doses are, of course, minute—one grain in 4 or 6 ounces of water. A teaspoonful every 30 or 60 minutes, when the symptoms are acute.

In putrid scarlet fever this medicament is of signal service, and when the throat symptoms are severe, it has done remarkably well.

Biggers says it is next to a specific in syphilitic affections of mucous membranes. Some good observers claim specific action for it in loss of voice, due to some nervous defect of the vocal cords and larynx. Chronic laryngitis and tonsillitis are well treated with it. For children, dissolve one grain in 4 or six ounces of water. Dose, a teaspoonful as often as desirable.

Chronic gastritis is sometimes better treated by bichromate than any other remedy. Be sure to use minute doses.

CHRONIC BRONCHITIS with asthma: R. Fl. ex. grindelia, fl. ex. quebracto, aa, 10 drops; ammonia iodide, gtt 5. M. To be taken three times a day.—*Prof. De Corta.*

BOOKS AND PAMPHLETS RECEIVED.—Report of the State School Commissioner of Georgia to the General Assembly, 1884.

We return thanks to Prof. Gustavus J. Orr, our able State School Commissioner, for his courtesy. If the people of Georgia would act on the suggestions of the School Commissioner,

our State would soon have as good public schools as any other. But as things now stand Georgia is nearly a million years behind the rest of the civilized world on public education. The valuation of the college property should have been stated at $20,000 instead of $2,000.

WE have received from the Industrial Publication Company, of New York City, a neat pamphlet entitled: Practical Pathology. A series of papers on the exhibits at the biological laboratory of the Health Exhibition, (Illustrated), under the charge of Watson Cheyne. Reprint from London Lancet. 25 cents. We return thanks.

MEDICAL LEGISLATION is the title of an address, published in the June number of the Eclectic Medical Advocate, delivered by Prof. Jos. R. Buchanan, M. D., of Boston, Mass., before the Public Health Committee of Massachusetts Legislature, on March 5, 1885.

This address should be read by every legislator and other public man. Prof. Buchanan has presented the case of the liberal profession before the bar of public pinion with rare ability and forcible argument.

TRANSATIONS OF THE STATE ECLECTIC MEDICAL AND SURGICAL SOCIETY OF MICHIGAN, for the year 1884.

The editor, Dr. H. S. McMaster, of Dowopai, Mich., who is also Secretary of the Society, has our thanks for the kind courtesy extended us. The transactions have several excellent papers. The Society is in a good, healthy condition and full of vim. The Eclectics of Michigan are workers in fact.

SANITARY SUGGESTIONS ON HOW TO DISINFECT OUR HOMES.—A resume of the latest and best information on the Household Use of Disinfectants, Deodorants and Antiseptics, and of Practical Precautions Preventive of Cholera, Diphtheria, Scarlet Fever and other infectious Diseases. In one handsome 12mo. volume. Paper. Price, 25 cents. Sent postpaid upon receipt of price by the publisher. Geo. S. Davis, publisher, P. O. Box 370, Detroit, Michigan.

This is one of the best things on the subject treated that has come to hand for many a year. It costs only 25 cents and we advise every man in the land to buy it and read it. For sale by all book sellers.

LITHIATED HYDRANGIA is now a popular remedy with physicians in vesical and kidney diseases, and is largely used in Bright's disease, diabetis and gravel. See advertisement and write for sample. Mention this Journal.

SHARPE & DOHME, the greatest, best and most extensive manufacturing drug house in the South. They stand second to none in the world. See their advertisement on second cover page. Patronize them.

JOHN B. DANIEL is the great wholesale druggist of Atlanta. Deal with him. See advertisement.

CELERINA is recommended and used by more physicians as a nerve tonic now than ever before.

JENSEN'S Crystal Pepsin is pure, strong and goes a far way. Everybody uses it.

LACTATED PEPSIN, put up by Parke, Davis & Co., is far superior to lacto-pepsin. Use it in preference. We have used both and know. Write for sample and mention this Journal.

PAPINE is recommended by more than half the physicians in Atlanta, we are informed, and is largely used as an anodyne. A medical friend told us it is the best thing of the kind he has ever used. Write to Battle & Co., St. Louis. See advertisement.

PINUS CANADENSIS is the best thing we know of as a local application to inflamed mucous membranes. In purulent ophthalmia we know nothing better. Write to Rio Chemical Co. for sample and mention this Journal. See advertisement.

B. KEITH & Co. have removed to 75 William street, New York City. The concentrated preparations of this firm are all they are represented, and are used extensively by Eclectics.

PARKE, DAVIS & Co. are manufacturing the disinfectant, deodorant and antiseptic preparations recommended by the Public Health Association. Read their advertisement in this Journal.

READ the Eureka Chair Company's advertisement.

THE Chicago Scale Co. is reliable. Read the advertisement.

WE have always found Planter's Capsules so superior in all respects that we use none other. Read their advertisement and send for sample. Mention this Journal.

THE
ECLECTIC MEDICAL JOURNAL.

VOL. VII. JULY, 1885. No. 5.

ORIGINAL COMMUNICATIONS.

HAMAMELIS AS AN ASTRINGENT.

BY MISS LIZZIE ABBOTT, M.D., BREMEN, ALA.

I have noticed for several months past hamamelis spoken of, through the journals, as a remedy possessing astringent properties, but none of the reports seem to ascribe to it the merit it justly deserves, at least, according to my experience with the drug.

My first experience with its action was in a case of hæmoptysis, the wife of a physician, she was suddenly seized with a violent attack. We directed 30 gtts. of the 3d. decimal dilution in 3 oz. of water. Dose, one teaspoonful every five minutes. In ten minutes the hemorrhage ceased. I was so well pleased with its therapeutical action that I decided to test it more fully should I meet with other cases of hemorrhage.

Fortunately, it was not long till a messenger called in haste, stating: "Mrs. B. was flooding to death and demanded immediate attention." Of course, no time was lost in reaching her house, one mile away. Arrived about 40 minutes after the hemorrhage began; found the lady flooding fearfully; could hear the vital fluid escaping in jets and streams—even through the bedding to the floor beneath—reminding one of the rippling of a small stream. Now, this was a formidable case of uterine hemorrhage to rely upon (seemingly) so weak an agent. Nevertheless, I had determined to test it. So I poured 10 gtts. of the 3d. dec. dilution in 3 oz. of water, and gave one teaspoonful every two and a half minutes. In less than ten minutes the lady remarked: "I am nearly well." In fifteen minutes it had ceased. I continued it at longer intervals for an hour or two for fear of a return.

Now, the question will naturally arise in the mind of every one who reads this, as it did with me, was this the result of hamamelis, or the efforts of nature? I claim it was the effects of hamamelis, as no other treatment was directed and the hemorrhage was as profuse when she began its use, as it was previous to it.

Again, a few days later, I was called to a similar case in every respect. My treatment was the same as above, with like results; though not quite so rapid, yet as effectual. This was sufficient to convince me that it was the action of hamamelis.

Some months afterward, while on a visit to Cullman, 18 miles away, I was called to a lady who had received a kick on the nose from a cow, while attempting to milk, from which violent epistaxis ensued. The physicians in attendance (regulars) were trying plumbi acetas, alum, etc., with no avail. I directed the hamamelis as above, which soon arrested the hemorrhage. In this case I should have alternated with tr. arnica, but failed to have it with me.

Another case was a lady who had given birth four weeks previous. Lochia continued during the four weeks, when it became *very* profuse. I directed hamamelis, 6 gtts. of 3d. dec. dil. in 3 oz. of water. Dose, one teaspoonful every five minutes till relieved, which was soon obtained. A few days later called again for "some more of that same good medicine," as the flow had again become so profuse as to render the patient unable to see after her domestic duties. I directed 10 gtts. in water as above. Dose every five minutes. In a few hours she was moving around as usual. I could detail a number of cases, but it would intrude on your space, so I will desist.

While I regard hamamelis as the par excellence in hemorrhages, yet I know there are other good remedies, but some of them have failed in my hands, while hammamelis never has. Warm water, as hot as can be borne, is an excellent astringent, but I can usually arrest the trouble with hamamelis while the nurse would be preparing the hot water and going to a neighbor's house or drug store for a syringe. Again, we have a valuable astringent in ceanothus virginica (red shank).

Three years ago I was called to a case of uterine hemorrhage, and after trying all the known remedies at command with no avail, my mind was directed to ceanothus, from my experience with it in other troubles. I concluded to give it a trial. I or-

dered a decoction from the green root. Two ounces arrested the hemorrhage promptly; and no doubt saved the woman's life, for it seemed that death was inevitable. I prize it very highly as an astringent, but the hamamelis possesses one superior advantage, and that is this: you can always have it at command, because it requires so little to accomplish so much. Would like to hear the results of its action in the hands of others. I have never tried it in full strength; only in the 3d dilution.

THE CODE OF ETHICS INTERPRETED.

BY I. J. M. GOSS, M. D., MARIETTA, GA.

I notice in the June number of the Medical World the new interpretation of the code by a committee appointed by the American Medical Association at its meeting at Washington last year. This committee consisted of Drs. N. S. Davis, of Chicago; A. Y. P. Garnett, of Washington; H. F. Campbell, of Augusta, Ga; Austin Flint, of New York; and J. P. Murdock, of Pittsburgh, Pa. And the following is the report:

1. "*Resolved*, That clause first, of Article 4th, in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular [Allopathic] medical profession. Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice."

[Come over, then, to the American or Eclectic Code of Ethics.]

2. *Resolved*, "That it constitutes a voluntary disconnection, or withdrawal from [Allopathic exclusiveness] the medical profession proper, to assume a name indicating to the public a sectarian or exclusive system of practice [Allopathy is as distinct a name as American or Eclectic, and ten thousand times more exclusive] or to belong to an association or party antagonistic to the general medical [or Allopathic] profession."

3. *Resolved*, "That there is no provision in the National Code of Medical Ethics in anywise inconsistent with the *broadest dictates of humanity*, [why exclude others then?] and that article of the code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional [Allopathic] services whenever there is a pressing

or immediate need of them. On the contrary, to meet emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the spirit of the entire code."

"But no such emergencies or circumstances can make it necessary or proper to enter into formal or professional consultation with those who have [by superior knowledge of therapeutics, and superior success thereby] voluntarily disconnected themselves from the regular [Allopathic] medical profession, in the manner indicated by the preceding resolution."

This is, by an advanced or superior knowledge of therapeutics and improved *materia medica*, and the regular Allopaths know this to be the cause solely. The editor justly says that, "the term doctor or physician is the highest that can be applied to a medical man." I would ask then, why assume the name "Allopathic or Regular?" that has always been claimed by the exclusive, dogmatical disciples of the old English "quack"—Paracelsus.

We are willing to drop all other distinctive names, provided the regular Allopathic profession will allow us to use all remedies that we know to be curative of disease. This was the sole cause of the formation of the American system (called Eclectic) of medicine. We have stemmed the tide of opposition now, and established an imperishable reputation as Eclectic or American practitioners, the sole result of a very superior success before the people, and now the Allopathic exclusive, intolerant dogmatists demand that we surrender a name under which we have achieved an immortal fame.

They seek to take our very extensive additions to the *materia medica*, and then, by legal enactment, rule us out of the field of professional contest, simply because they know, from an extended trial, that they cannot cope with us in a fair rivalship before the people. The Allopaths ought to be ashamed of the resolution passed at New Orleans by the American Medical Association, to petition each State to rule out their superior rivals—the Eclectics and Homeopaths.

The editor of the Medical World says: "If all would be satisfied with this simple title, (physician) but noble term, then all could work together as one body. Certainly, no one would have to give up any part of his freedom of thought [so he never expressed that thought] or action; for 'physician' means one who cures, by whatever means."

All that, Doctor, looks well on paper; but why do you brand us with the offensive and foul epithet of "*Quack?*" You know we as a body, are as well, if not better, educated as you are. Then, why call us "quacks" or irregulars? It is simply because we use new remedies a little sooner than you do. The addition of these remedies being by us, and of greater utility.

But the editor of the Medical World is more liberal and noble than the most of his brethren. He says: "A mingling together of men of different beliefs and experiences could not be other than beneficial to the whole. Then, could not all codes be dispensed with?" Yes, doctor, codes are a curse to our patrons, and a foul blot upon our profession, and have consigned untold thousands to an untimely grave, for which the illiberal, dogmatical proscriptionists have to account for to the Great Physician above. Every man in the profession, who does not use all and any remedy that has been proven to be good by any one, is accountable for the results.

CASE BOOK.

BY C. D. R. KIRK, M.D., FERN SPRINGS, MISS.

It is when we have to treat a malignant case of some disease that has not paid our country a visit in a long while, but has made its appearance very sudden and proposes to sweep its victims from this stage of action in a short while, that we need our journals all in their proper places, with index to every year's number, so that we can readily find our information and soon be prepared to prescribe a rational and, therefore, safe treatment. I am particular to preserve every number of my best journals; they are not to be sold, given away, nor loaned to any one. Have the twelve tacked together in rugular form, each index in proper place, so that they become text books in form.

From these we find everything about the healing art that is known, and through them we are prepared to make the practice a pleasure and a paying business. This Journal, the yearly files of which I have since its first starting, gives the best information that we can obtain of diseases of the South; and I venture the assertion, that no journal can boast of a more honestly conducted business than our GEORGIA ECLECTIC MEDICAL JOURNAL. The writers, save one, seem to dispense with extravagance in every form and go directly to the work. They seem to be only

after information for the profession, and this they find and give in the best style.

It is natural for a man to praise the bridge which has carried him over safely; and has caused the writer to mention the above, not for recently safe crossing only, but for sundry past trips; but a recent case is more to the point:

Jason, B., aet., 18. Had had chills for a long while, but had succeeded in interrupting them with quinine, when he would be able to resume work (a farm hand); but on the first of April last, his chill was of long duration, and every symptom seemed aggravated; the fever ran high, and he was soon a little delirious; on passing his urine, it was noticed to be very dark. Becoming alarmed at this (for the family had lost a daughter with "yellow chills") they sent for the writer, who did not arrive until after the fever had declined to some extent, but noted the following condition: There was rapid, full pulse; tongue brown and very rough; prominent papilla; the expression one of great anxiety; the color of the skin was of light saffron, and deeper color of same in eyes; the urine was voided in large quantities, very frequently, and very dark—it resembled strong ley, or blood and water intimately mixed. There was great nausea and the patient would vomit a green matter at one time, and again something similar to that which was passed by the bowels. The patient had been treated to a dose of calomel and followed with quinine, but it did not require much observation to see that the treatment was not exerting a favorable influence.

Now, I had not seen a case of "yellow chills" for a long while, it being one of the malarial family that is seldom ever seen away from the swamps in this country. I had treated two cases successfully several years ago, but had forgotten the treatment; however, veratrum and something to quiet the excited stomach was indicated. I, therefore, prepared the sedative and anodyne, and promised to return soon. On arriving home I found in the GA. EC. MED. JOURNAL the disease plainly pictured by Dr. Pruitt and others. I could then call up my former treatment of the cases I had had, and was well prepared to manage the case with success. The proper sedative was continued, and a mixture of chionanthus and rhus aromat. were given in half teaspoonful doses every three or four hours; an acid drink and fluid diet constituted the treatment for the first two days, when the acid drink—lemon alternated with muriatic acid—was, owing

to a dirty, brown tongue, and much gas in stomach and bowels, omitted and sulphurous acid alternated with colocinth in very small doses. The case improved rapidly, and to the surprise of himself and family, recovered in a short while.

I am thoroughly satisfied that calomel and quinine will kill every case of "yellow chills;" but, with the above plan of treatment, can be cured as easily as other malarial fevers.

In a county joining this, on a little river, I have been creditably informed, that very near every case of hemorrhagic fever proves fatal. The M.D.'s are of the ill smelling pursuasion and, therefore, would not do such an unprofessional trick as to treat malarial diseases without giving calomel and quinine in large doses.

The sulphite of soda, with a reliable tinct. of buchu, associated with the indicated sedative, will speedily check the bloody secretions when there is a dirty, white tongue.

If the doctor fails to recognize the pathological condition and is compelled to guess, the safest plan is to give simple tonics and astringents. The tinct. of iron and elixir of vitriol are very good in some cases. Any plan is better than calomel and quinine in large doses, for they seem to aggravate the disease in every particular, and are of no benefit in a majority of cases.

RHEUMATISM.

BY J. W. ALLEN, M. D., MONTICELLO, ARK.

The true pathology of this disease appears to be, to a considerable degree, masked in mystic labyrinths; yet, in this paper, I shall assume that it has its origin, development, and baneful sequence in the existence of an excessive amount of excrementitious material resultant from an impairment of the functions of the excretory and eliminative organs. The physical organism of man is evidently a microcosm, constituted by a certain definite number of chemical elements rigidly co-ordinated and adjusted by coherent affinity inherently belonging thereto.

According to my ferretings, I compute the number of chemical elements constituting man's body at sixteen, all combined in ternaro and quarternary compounds.

The mandate of organic anthroposial life is, that the chemico-constituent elements entering in should be replete, both as regards the number of elements and the molecules or atoms of said

elements. The exacting and persistent economy so rigidly maintained in the physical existence of man is indeed wonderful to contemplate; evidencing beyond all cavil the omniscience and omnipotence of its Supreme Architect. In entirety, the anthroposial organism is complete: pronounced not only good but very good, and formulated by the fiat of organic law. Hence, the complement is imperative, definite, inexorable, both as to the recuperative and eliminative processes. Hence, the fundamental principle couched within all authoritative physiologists is, "the conditions of life is death." Many are the originating and existing causes producing diseased action, and among them I mention heat, humidity, atmospherical vicisitudes, toxic germs, *et al*, all of which exist in this latitude, and have a pernicious influence in warping and twisting the normal standard of health (98½), so much so that the human organism, though the best economist, yet oftentimes succumbs to the deleterious poisonous effects of said causes. The absorption of cold, a familiar phase in common parlance, yet very comprehensive in a physiological bearing, is indeed a prolific .source of disease. Said cause impairs plus and minus every vital function of the economy, but its most pernicious effects are exhibited upon the excretory functions. In the exhibition of its disastrous effects upon the system, the *depurating* efficacy of the eliminating functions are partially, and even totally, suppressed. The intestinal tract is often greatly impaired; the renal apparatus also; but especially is elimination cut off in the cutaneous system from said cause.

Reader, it is a physical impossibility to fruitionize unalloyed health without there existing that normal equilibrium which in health is ever maintained; yea, most uncompromisingly so. Hence, under these circumstances, partial reasonings dictate—coercedly so—at once supervenes a superabundance of the excrementitious material which, by analogical reason, shows not only a redundancy of the chemico-constituent elements, and their molecular equivalency, but also the toxic effects which of necessity legitimately follows.

Now, then, if what is stated above be true, the fluids of the system soon, very soon, become completely surcharged with a superabundance of the constituent elements, with their molecular equivalencies, respectively, and said fluids of the system (especially the blood) are *de facto* poisoned by the toxical excreta which, by remaining in the economy, have become not only ex-

otic but toxical as well. Hence; a diseased action results invariably.

Rheumatism is truly a disease of the blood; still it appears to be a selective disease, localizing itself upon some special tissue, organ or locality of the system. Now, I maintain that the cause, the "*fons et origo*" of rheumatism exists and arises from an excess of excreta, and by said redundancy and retention of those wornout and worthless elements in the system thus originates disease processes in the human organism. That the disease known as rheumatism is produced from the above cited cause, I maintain is susceptible of demonstration, and in my future dissertations shall endeavor to establish, *Deo volante*.

[To be continued.]

INTESTINAL OBSTRUCTION FROM BILIARY CALCULI.

BY E. CARMICHAEL ROTHROCK, M. D., ATHENS, TEX.

Mr. J. has for several years been a sufferer from what was supposed to be colic. About twice or thrice a year these paroxysms would come on, with severe pain in the right side, extending to the right iliac region, accompanied with a local inflammation from the umbilicus, with some enlargement and redness extending down to the right groin. After suffering, at times, from a period of a week to two weeks, he would recover sufficiently to be up and attending to his business. During these spells, if a free action on the bowels could be induced, he would improve and recover. During the last spell—the first that we attended—we administered conium leaves, solid powdered ext., a half grain, without any relief, and in a short time repeated with one grain; gave enema to procure action on bowels, which were constipated. We were apprehensive as to the administration of opii in any form, as the kidneys were not acting; therefore we used conium folia; the third and fourth dose gave no relief. Chloriform administered by inhalation would afford relief for the time; when the effects were off, the agony would be as great as ever. We gave chloral, dioscorea, conii, belladona; anodyne; warm appliances to abdomen; poultices, with conii, belladonna, and hops; enemas of warm starch, containing cannabis indica, which gave some relief for a while; at last, gave hypodermic atropia, 1–40 grains, in thigh, and by the use of this, and the cannabis indica

as above, we, afrer twenty-four hours, succeeded in relieving the patient somewhat. After giving cathartics and repeated use of enemas, we succeeded in procuring an action on the bowels, and left the pntient comparatively easy.

On next visit, some twelve hours from the time we left, the patient was resting well, having had a small action on the bowels. A large dose of Epsom salts was given, and in due time the desired effect was had, and a very large calculi was discharged with two small ones. The concreations were, no doubt, lodged in the small intestines, probably in the region of the ileo-cœcal valve. The largest was round, elongated, with several irregular angles; color, yellow-brown; consistency, soapy and soft; composed of cholosterine and biliary matters; pigment texture, external was soft, easily broken down. A deposit or pellicle formed by their lodgment in the bowels for an indefinite time. In a few days the patient was up, but continued to suffer with soreness in the right side, extending from lower margin of liver, over the stomach, down to right groin and around to right side of spine, and at times it was nearly impossible to assume the erect posture, but would walk half bent. We placed him on the following: Barberry vulgaris, fl. ext., in doses of a half to one teaspoonful every three hours, as solvent; wild cherry 1 ounce; hydrange, 1 ounce; apocynum, fl. ext., half ounce—teaspoonful night and morning. Leptandrin, 10 grains; myricin, 10 grains; podophillin, 2½ grains—make 10 pills; give one every four hours, to regulate the liver. Salts to carry or wipe out scybali and concretions. Give conii and cannabis sativa to relieve pain. In two weeks, at different times, concretions were passed of various sizes, though small, to the number of two hundred since that time. He has had no more spells of "bilious colic." The excessive pain in such cases is caused by reflex irritation, spasmodic action of muscular fibre, efforts of nature to overcome the obstruction, and to throw off the abnormal condition. The sick stomach that was present was caused by the condition of the bowels—obstruction—a torpid condition, and imperfect digestion; from want of a sufficient supply of bile in the alimentary canal to stimulate and sustain the proper action of the bowels and insure a healthy digestion. A person may have a daily action, yet, if there is a diminished secretory action of the intestinal follicles or glands, a torpid condition of the portal circulation, constipation will follow. Fœcal matters accumulate, es-

pecially if there be any obstruction, will cause spasmodic action and pain, called colic. The indications, then, are to relieve pain; to remove obstruction. To accomplish this an opiate, with cathartics, and enemas of water or gruel with molasses, soap or oil, and repeat as often as needed. We find that conii, cannabis indica, and cannabis sativa act well in such diseases. The cannabis sativa acts like a charm, as its diuretic qualities, as well as its anodyne effects, are obtained. Warm applications, with foot baths, are good. Then, with tonics and mucilaginous drinks, the patient will be restored to health. The patient was kept on mucilage of slippery elm and marsh mallows, one pint, bicarb· soda, or potash, for weeks, first one and then the other. It increased the flow of bile and diminished its consistency. Diet from which, as far as possible, all fat, sugar, starch, also alcoholic stimulants, should be fed, and regular exercise in the fresh air are the prophylactics to prevent a recurrence. It has been over a year, and he has had no trouble of the kind since.

THE SITUATION IN ENGLAND AND THE UNITED STATES.

BY JOHN F. HARRIS, M.D., POOLVILLE, TEXAS.

No government in the world, that I know of, has done as much by legislation to prevent "quackery" and protect the dear people, as well as "elevate the standard" of the medical profession, as dear Old England, and yet, quackery is as rampant, as rapacious and popular, as in any other country, perhaps more so.

The London correspondent of the Medical Brief, in a communication in the April issue of that journal, amuses its readers with a detailed account of the "faith cure" as practiced by the managers of the "salvation army," and the frauds committed in the name of the Lord. The correspondent continues: "I will remark, that this country is infested with quacks of all kinds. I say this very deliberately, and I consider I am warranted in adding to this statement, that this queendom is a veritable haven for men of that ilk. An American myself, I have travelled the world nearly all over, and lived in Europe many years, but no where have I found so many quacks, to the square mile, as in these islands."

The above is a vivid picture of the kind of crops that grow

out of Allopathic protection by the laws of the land. The British Allopaths have succeeded in protecting their special interests by law, so as to choke down and crush out all high minded and scientific rivalry and competition.

In England Eclecticism is but recently getting a foot-hold, and Homœopathy is languidly struggling against conventional and statutory embarrassment; so you may readily see the British Allopaths have no formidable rivals or competitors to disturb their "ancient solitary reign," or to cause them alarm as to the security of their empire.

In the United States, under our free and liberal institutions, where church and state are irrevocably divorced by law, and the creation of special privileged classes and a hereditary aristocracy is made impossible by our Federal Constitution, the condition of the medical status is altogether different. Here the Allopaths find themselves confronted by vigorous, intellectual, and highly educated rivals, who are their peers, and in many particulars, their superiors, which makes the situation as alarming as it is hateful and humiliating to the Old School.

It is to crush out the powerful and growing rivalry, the New Schools so formidably present into the very face of bristling Allopathy, that the Old School physicians demand medical legislation. Protection of the Old School by law. Why not? Is not the Old School of medicine the best thing ever vouchsafed suffering humanity? Has it not lived through from the medieval days of barbaric darkness, and has it not brought down to us the fanaticism and intolerance of the "ancient of days"? Is it not thoroughly protected in Great Britain? Shall this, the freest, best, and most enlightened nation on earth, refuse to protect the Allopathic school of medicine by law?

In reply, Eclectics say, Great Britain has refused to protect all other interests, save the Old Church and the Allopathic medical profession. Learn a lesson of the Old Church, for while she was wasting her substance and harassing her life in persecuting nonconformers and other dissenters, her rivals grew in numbers, influence and power, till the old mother was lost in her protracted weakness, and left in the race. Protected medicine is hardly better off.

Again, we say protection means monopoly, and monopoly is a confession of weakness, and engenders tyranny and corruption. Have not the Allopaths of the United States strenuously endeav-

ored to protect themselves for more than fifty years by persecuting their rivals? Having failed in this, the law is now to be invoked.

It was a clear confession of the Allopaths that they have failed to protect themselves, and now the law must do it for them, when they, at New Orleans last May, passed that notorious resolution demanding the "establishment in each State a Board of Examiners of medical science, whose certificate shall be the only authority to practice in these States."

Is there a sane man who believes the Allopaths would be any way interested in an impartial and equitable medical law similar to that recently passed by the Legislature of Kansas.

The Eclectics of Texas and their liberal allies have made a splendid fight and defeated their enemies before the Legislature and the bar of public opinion. We are united now and organized. This is all we ever lacked to enable us to defeat and rout our opponents, because we have the sympathy and support of enlightened public opinion on our side.

MIGRAIN—"SICK HEADACHE"

BY PROF. JOS. ADODPHUS, M D., ATLANTA, GA.

Is of frequent occurrence among people of highly nervous temperament, especially women, and men are, to a considerable extent, though not as frequently, the victims of migrain. Few physicians are aware of the almost specific properties of the cypripedium pubescens, or ladies' slipper root, in this affection. The old Eclectics used it in infusion, and to say the least of this practice, they had very excellent success in curing the attack with it in doses of a wine-glassful of the infusion, in which was dissolved 10 grains of bicarbonate of soda, and repeated at intervals of two or three hours.

One essential to success in warding off an attack is, first of all, to reduce the quantity of food taken daily as soon as the premonitory symptoms are felt, which is most sure to be the very best way of stopping an attack.

We knew a lady who was a martyr to sick headache every month, for many years, and each attack would lay her up in bed not less than two days, on some occasions, four days were passed in suffering martyrdom. She was ordered to stave it off as soon as she felt it coming on, and at the same time to take the

ladies' slipper tea every hour. The result was a splended success, and one day's abstinence and drinking this tea staved off her affliction.

Biggers says of the ladies' slipper: "It is a specific in the sick headache of women, and also of many men." He has used it for thirty years without a miss.

Another remedy of frequent use, is bromide of potassium; but we must give it a wide birth, because it needs large doses, and is sure to cause catarrh of the stomach, and very much impairs the digestive powers of the patient.

Recently, salicylate of soda is coming into high repute as a remedy in migrain. One writer in the Medical Review claims to have had great success with it in doses from 15 to 20 grains, repeated every two hours. An old practitioner told his friends he had never failed to cure his cases with large doses of bicarbonate of soda—20 grains—and infusion of black cohosh root, 1 fl ounce mixed, and repeating every two hours, which has been his prescription for twenty five years.

Twenty years ago ergot was a favorite remedy with many good men, but the trouble with this remedy was its unreliability, owing wholly to deterioration, but when of positive goodness, its usefulness is not to be discounted where the migrain is caused by hyperæmia of the intra-cranial tissues.

Some practitioners are very partial to tr. gelsemium, in 2 to 3 drop doses. We have known many patients who treated themselves successfully with this medicament.

Regarding migrain, it is wise to remark that, two opposite conditions of the intra-cranial tissues obtain in the cases we meet. In one set of cases there will be hyperæmia of those tissues, in another set there will be anæmia. In the former, the face is more or less red, and the eyes are bright, light causes pain, while the fore part of the head and the eyes, and the forehead throb with pain. Besides these, there is a fullness or hardness of the pulse, at least, this is in some degree present, showing increased blood pressure. These cases are relieved by ergot, the bromides, small doses of lobelia and stramonium. In the other class of cases, the face is pale, the hands and feet, if not cold, are not of the normal warmth, the eyes are dull, nose pinched, face has a peculiarly cadaverous look. These cases need belladonna and strychnine. Some writers speak highly of 2 drops of a 10 per cent solution of nitroglycerin, and others

claim for rhus tox. a specific action. In a case of this kind, which was certainly inveterate in all its features, the patient, a female in the change of life period, we obtained wonderful results from half drachm doses of tinct. of cypripedium, repeated every two hours. After ten hours treatment, the patient expressed herself as cured in a much shorter time than ever before, as her attacks would frequently last two days at least, during which she was forced to keep her bed. There are cases of migrain that must be regarded as pure neuralgias of the brain, and this was one of them. The least noise drives the sufferer frantic. It is in this class of cases that cypripedium acts so charmingly. Biggers remarks well, "that the remedy does do wonderful for women who, during the climacteric, are martyred by sick headache."

HOW I TREAT A FELON.

BY W. H. HALBERT, M. D., LEBANON, TENN.

Seeing the article on page 100 of the May number of the JOURNAL, reminds me of the way in which I have used the application of salt for the last six years: I take the salt, without parching it, saturate it with turpentine, and apply it.

This application can remain on the finger for several days, by moistening the salt twice a day with the oil of turpentine.

In the forming stage of a felon, I wrap the finger, commencing at the tip and extend a little above the felon, as close and tight as I can get with the surgeon's silk isinglass plaster, and then apply the salt and turpentine. Let the wrapping remain on two or three days.

This is probably the best way to abort a felon.

PHENOL CAMPHOR.—Dr. Theodore Schaefer (Peoria Medical Monthly) applies the name of phenol-camphor to a compound of equal parts of camphor and heated crystalized carbolic acid. A clear and permanent liquid is the result, which has the odor of camphor, and appears to be devoid of the irritating qualities of carbolic acid. It is insoluble in glycerin and water, but freely soluble in alcohol, ether, chloroform, and the volatile oils. It has been used with success in parasitic skin-eruptions and also as a local anæsthetic to relieve the pain of ingrowing toenails. Dr. Schaefer has also found it efficient in odontalgia as the best application to the cavities of carious teeth.

ABSTRACTS.

A SIMPLE, EFFICIENT METHOD OF TREATING FRACTURES OF THE CLAVICLE.—By S. J. Allen, M.D.—Cut a strip of surgeon's adhesive plaster eighteen inches long and two and a half wide. Fold the strip of plaster *sticky* side out, so as to make a compress pad of equal dimensions Then cut two other strips three inches wide and two feet long—longer or shorter according to the size of the patient. Raise the shoulder up and back, so as to bring the fragments in apposition. Having an assistant to hold the shoulder, immovable in this position, while the surgeon applies the dressing. Place the compress on the site of the fracture. The heat of the skin will make the compress adhere while the surgeon applies the rest of the dressing. First apply one of the strips of plaster, commencing on the front of the thorax, so that the part that goes over the shoulder shall be equi-distant from each end, and continuing it down the back part of the chest, drawing it taught enough to hold the fragments firmly in apposition. Then apply the other strips in the same manner, but in such relation to the first strip that it shall cross it obliquely and directly over the compress. The adhesive plaster compress or pad, folded sticky side out, and applied to the seat of fracture, and held firmly in place by the strips, as above directed, becomes, so to speak, an element in the anatomy of the past [a splint.] The compress adheres firmly to the part to which it is applied, and is absolutely immovable; the dressing holds the fractured fragments accurately in apposition long enough to secure union. This method is equally successful in the treatment of dislocation of the clavicle and fracture of the acromion process.—*Annals of Surgery, May*, 1884.

A NEW METHOD OF REDUCING DISLOCATION OF THE HIP.—By S. J. Allen, M.D.—An anæsthetic having been administered to the extent of producing complete muscular relaxation, the surgeon stands over the recumbent patient whose leg he flexes upon the thigh, and the thigh rises to a right angle with the body, bringing the foot between the surgeon's legs so that the dorsum rests against his nates. If then the surgeon, passing his right arm beneath the flexed knee, lifts the hips of the patient well from the bed or floor, and holds them thus supended for a very short time,

the head of the femur will quickly be drawn back into its socket. The weight of the hips and opposite leg rotates the body outwards, producing just sufficient abduction and extension to quietly draw the head of the femur through the slit in the capsular ligament and direct it into the acetabulum.—*Annals of Surgery, May*, 1884.

PARALDEHYDE AS A HYPNOTIC.—Dr. S. A. K. Strahn (Lancet) says that paraldehyde is an equally sure hypnotic with chloral, and does not in any case produce excitement before sleep, or leave any headache or other unpleasant symptoms on awakening, and it does not affect the appetite. These are all matters of importance; but there is another advantage which it possesses over chloral, which at once gives it a place among our most useful hypnotics, and that is the absence of any depressing or paralyzing action on the heart. This absence of action upon the cardiac centre permits of its being given with perfect safety to general paralytics, and others to whom chloral would only be given with the greatest caution and with constant anxiety as to the result of even small doses. Dr. Strahn has employed it over 150 times in about twenty-five cases, and found but two patients who did not respond to medium doses of the drug. One of these was suffering from acute mania, and the other from severe facial neuralgia. He has given it in mania, acute and chronic, melancholia, dementia, the various stages of general paralysis, during those periods of restlessness and sleeplessness so often met with in idiots and imbeciles, and in simple insomnia, and found it almost invariably a certain somniferent. It acts more quickly than chloral. When a dose is taken a feeling of warmth, a kind of grateful glow is experienced, and the patient is often asleep within ten or fifteen minutes. When it does not produce sleep it does not excite, but rather tends to soothe and calm an excited or depressed patient.

The sleep induced by it is a nearer approach to natural sleep than that obtained by the administation of any other drug. It is light, apparently dreamless, and certainly refreshing; the patient can at any time be awakened by a loud word or a gentle shake, and when so aroused does not display any alarm or confusion of ideas, and if left alone at once falls to sleep again No headache or other unpleasant symptom is experienced on waking and the appetite is not injured even by the daily exhibition of the drug for considerable periods—in one of my cases for over three weeks.

A PERMANENT SURGICAL DRESSING.—M. Marc See contributes an article upon this subject to the "Bull. de l'Acad. med." (New York Med. Journal), in which he details the results of his method of treatment in several cases. His mode of procedure is, briefly, as follows: After finishing an operation, and just before tying the sutures, he sprinkles over the surface of the wound about a drachm of subnitrate of bismuth, which at once stops the oozing by forming a thin, dry layer, occluding the mouths of the small vessels. After introducing a drainage-tube, he closes the wound with quilled sutures, small rolls of iodoform gauze being substituted for the ordinary quills. The line of incision is then covered with a layer of bismuth, and a layer of carbolized gauze is applied. It is not necessary to disturb this dressing until it is time to remove the sutures or drainage tube. The advantages asserted for bismuth are its cleanliness, its property of absorbing fluids, the fact that it does not act as a foreign body when interposed between the lips of a wound, and lastly, its cheapness. Stress is laid particularly upon the fact that it is rarely necessary to disturb the dressings during the process of healing.

AN ANTISEPTIC MOUTH WASH.—Magitot suggests the following: R. Borate of sodium, gr. xv; thymol, gr. viij; distilled water, O. The mouth is to be washed several times daily, to correct fetor of the breath. The solution also acts as a local anæsthetic in cases of decayed teeth.

AN OINTMENT FOR ECZEMA OF THE EYELIDS.—Galezowski (Union Med.) proposes the following: R. Oil of cade, m. iv; red precipitate, gr. 1⅔; camphor, gr. iv; vaseline, ʒ iiss. Apply to the eczematous patches on the nose and lids of scrofulous children.

The dose is from thirty to ninety minims, but more than sixty drops is seldom required to induce sleep; and this, or even a smaller dose repeated within an hour, is much more effective than a single large dose.—*Medical Bulletin.*

AN APPLICATION FOR ELYTRITIS.—Sigmund uses this glycerite: R. Iodide, gr. 1¼; iodide of potassium, gr. vij to xiv; glycerin, ʒ v. Tampons saturated with the solution are to be introduced into the vagina.

WHOOPING COUGH.—R. Chloral hydrate, ʒi; pot bromide, ʒij; syrup wild cherry; water, aa ʒi. M. S: Teaspoonful a dose.—*Ec. Med. Adv.*

FLATULENT COLIC IN HORSES.—When Prof. Gamgee was in this country, he said to the writer, that more horses died of colic than any other malady, and he suggested a remedy which has been published in the American Agriculturist, and been found efficacious, we doubt not, by thousands of horse owners. The remedy, simply stated, is copious injections of cold or tepid water—that is, cold, but not too cold. Water that has the temperature of the air in the summer time is right—say seventy to ninety degrees. The best way to apply it is to use a large funnel, holding about two quarts, to which a rubber tube, three feet long, is attached, and this is terminated by a tin nozzle about fourteen inches long, tapering to a quarter inch opening. This end should be protected by a lump of solder, so as to prevent injury to the parts. The funnel is filled with water at the level of the horse's rump, and then lifted up as high as possible. Four to six quarts will usually be sufficient to start the wind; then stand clear. Relief follows at once.

There are many causes of colic, as a sudden change of food, hard work or active exercise after feeding, very rapid eating (as after long fasting and hard work), the chill experienced when exposed to too rapid cooling off after sweating—these are some of the common causes, and are conditions to be avoided at any rate. Care will most always prevent colic, and the above simple remedy will generally cure it; we have never known it to fail.—*American Agriculturist for July.*

CODENSED MILK as food for infants is recommended by many good authorities as safe and convenient. Remember, however, it lacks a sufficient quantity of fat, and therefore half or an equal quantity of sweet, fresh cream should be added, and the dilution effected with barley water. A good formula is: Condensed milk; cream, each 2 teaspoonfuls; limewater, 1 teaspoonful; barley water, 2 or 3 teaspoonfuls. Mix, warm and feed. Feeding bottles are too often a source of disease and death to infants, owing to careless inattention to cleanliness. A feeding bottle should be scalded out in alkali water twice a day, and should be washed out in weak soda water every time before it is used during the day.

FOR FETED DIARRHŒA IN CHILDREN.—Dr. O. Bogouche recommends pure resorcin dissolved in castor oil, which obviates the toxic effects of resorcin being produced on the system as when the drug is given alone. For children above four years of age 7½ grains of resorcin may be given in castor oil, ʒiv to ʒvi.

USE OF IODOFORM.—Unna recommends iodoform for the healing of soft chancres, and for obtaining the occurrence of suppurating buboes. The sore is first dried with absorbent cotton, then a drop of solution of iodoform in ether is spread upon the sore, and when it has become dry it is covered with a piece of iodoform plaster or muslin. To conceal the smell the whole is covered with cotton, perfumed with an alcohol solution of coumarin or other aromatic spirit. For the preparation of pencils of iodoform. Unna recommends iodoform, 10 grains; acacia, 3 grams; tragacanth and glycerin, each 1 gram; sufficient water being used to form a mass, which is made into five pencils.—*Monastchr. f. Dermatol., Am. Jr. Pharm.*

BUCKWHEAT FLOUR in glycosurie is reported by Dr. A. M. Duncan (N. Y. Medical Record) a remedy and a food alike. D. Alvord, a sufferer from diabetis, makes constant use of buckwheat cakes, in lieu of wheat and corn flour, with the result of relieving all the bad symptoms of his disease. When he resumes wheat and other starchy food his symptoms grow worse until he returns to buckwheat.

COLCHICUM is said by a writer in the Med. World, to be almost specific in orchitis and epididymitis, given in minim doses. It is a valuable remedy in acute dysentery, especially in the fall months. It has given us good results in the chronic diarrhœa of infants, 10 drops to 4 ounces of water, teaspoonful every hour. It frequently relieves bilious headache, in drop doses. It is a chologogue.

PERTUSSIS.—Professor G. L. Magruder (American Journal of Obstetrics reports four cases of pertussis in which the paroxysms of coughing were lessened in severity and frequency, the distressing vomiting prevented, and uninterrupted sleep obtained at night by the use of— ℞. Auri et sodii chloridi, gr. ij; aquæ distill., ʒ j. M. Sig. Five drops every two hours.

FOR controlling the pain in acute articular rheumatism the following ointment is extensively used in Bellevue Hospital: ℞. Hydrate chloral, ʒj; ac. salicylic, ʒ iss; Ung. stramonium, ʒ j.—*Louisville Medical News.*

DIARRHŒA AND CHOLERA.—℞. Chlroform; tr. opii, aa ʒi; oil of mint pep. ʒss.; oil cinnamon, gtt. xx; number six ad. q. s. ʒvi. M. S: Teaspoonful.

FOR CHRONIC AGUE.—A case that resisted all other treatment for three years was cured by the following: R. Potash iodide; Fowler's solution of arsenic, aa ʒijss; stillingia comp. fl. ex. ʒij; syrup simp. ad. q. s. ʒiv. M. S: Teaspoonful three times daily, two or three hours from meals.—Dr. Wade in Medical Brief.

PURIFIED NAPHTHALIN is recommended by Rossbach (Therapeutic Gazette) in intestinal disorders, as chronic diarrhœa; its good services is often manifested in typhoid fever. It, by counteracting the morbid process in the intestines, seems to remove one source of the febrile process—high temperature. R. Purified naphthalin; white sugar, aa 75 grains; oil bergamot, gtt. ½. M. Fill 20 capsules. To be given in four doses during twenty-four hours.

ETHER AS AN EXPECTORANT in subacute and chronic bronchitis is, according to Dr. Wm. S. Kemper (in Therapeutic Gazette), a valuable remedy in 5 or 10 minim doses, on a little sugar, every three or four hours; or it may be taken by inhalation from a vial half full of ether, inhaling a little every hour or two.

CLEMENS' SOLUTION OF ARSENITE OF BROMINE.—Dorvault, in his L'Officine, gives the accompanying formula for "Liqueur de Clemens," or Liqueur a l'arsenite de bromure de potassium: Arsenious acid, 5 parts; potassium carbonate, 4 parts bromine, 8 parts; distilled water, 372 parts. The preparation is somewhat similar to Fowler's solution.

ALETRIS FARINOSA, in 5-drop doses, Dr. Hinton (in Therapeutic Gazette), says cured an obstinate case of spermatorrhœa that had resisted other treatment. This medicament is, when prepared from the recent stock, of remarkable tonic properties on the organs of generation and the nerves of vegetal life, which explains its known properties as a uteric tonic and a cure in spermatorrhœa.

DR. W. J. BEATTY (British Medical Journal) has cured eight cases of nævus perfectly and painlessly, by painting the affected spot night and morning with liquor arsenicalis until ulceration took place. By this means a cure is effected in from three to five weeks.

NITRITE OF AMYL in convulsions of children is strongly recommended. Three drops is put upon a handkerchief, the little patient inhales and is relieved.—*Med. Summary.*

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

Met pursuant to call at Altoona, Pa., on Wednesday, June 17, 1885. Dr. H. K. Stratford, of Chicago, called the meeting to order, and Rev. Mr. Criley (Lutheran) offered prayer.

Mayor Mann welcomed the Association to the city, and was answered by President Stratford.

The committee on credentials announced: Doctors Covert, of Wisconsin; Durham, of Georgia; Martin, of Maine; Woodward, of Pennsylvania; Williams, of Alabama.

The following committee on grievances was appointed: Doctors S. B. Munn, J. C. Butcher, L. T. Bean, L. P. O'Neal, J. R. Borland.

The roll of States was called, and credentials were received from State and local Societies.

The Societies of California, Missouri, Texas, Arkansas, Tennessee, Kentucky, Michigan, Vermont, New Hampshire, Massachusetts, and New Jersey failed to submit such credentials.

The president delivered his annual address.

The committee on credentials reported favorably the various names submitted to them, except several from Iowa, against whom exceptions were filed. These were afterward reported favorably, and elected.

In the afternoon, the treasurer's report was presented. The Association has done an active work; printing and circulating 9,000 copies of Prof. John King's address, and 500 volumes of Transactions, a work of some 500 or 600 pages. The indebtedness incurred was about $976, of which $668 was still due. The receipts have since nearly extinguished this amount.

Reports on the Status of Eclectic Medicine were presented from the several States having Eclectic Associations.

The following amendments were made to the by-laws: 1st, requiring credentials of delegates from State Societies to give the academic rank, and time during which they have been engaged in practice of medicine; 2d, creating a retired list of veteran members; 3d, requiring members of the National Association to maintain their connection with State or local societies; 4th, authorizing the secretary to withhold the Transactions from members whose address is not certainly known to him; 5th, providing a penalty for recommending proprietary medicines.

The Section work was better and more perfectly performed than at any meeting of this Association.

Dr. William M. Durham, of Georgia, took the chair of Section A, and Dr. Piper, of Pennsylvania, acted as secretary. The papers read were superior in character, and elicited interesting discussions; finally, the committee rose and reported their work to the Association.

A letter was read from Dr. Charles Bond, of Nebraska, apologizing for his absence, and inclosing $100 for the use of the Association.

Happily, a little pleasantry occurred to relieve the proceedings. Dr. Richards, of Kansas, mentioning the stone in the Washington Monument inscribed as presented by the American Medical Association, suggested that the Eclectics offer a similar testimonial. Dr. H. B. Piper made the point that this would be unprofessional advertising!

The second was the great day of the session. Dr. Munn reported the constitution and by-laws of the Eclectic Mutual Aid Society.

Dr. Howe offered a resolution that papers published in the Transactions shall not exceed fifteen pages, except the writer pay the expense of printing the additional number. Adopted.

Dr. Rowell reported resolutions to the effect that this Association decline recognition of the King Medical College, and the medical department of Drake University.

Section B was announced. The president vacated the chair, which was taken by Dr. William H. Davis, of Chicago; Dr. J. C. Butcher, of Ohio, acted as secretary. The greatest interest of the members of the National Association centers in this section, and its management and success were never equalled since Sections were adopted.

The Section, having risen, reported progress, and accorded liberty to sit again, the president laid before the Association a memorial from Drs. J. W. Stewart, of this city, and J. A. Reid, of Iowa, respectfully asking that the case of Dr. J. M. Hole, expelled in 1883 for alleged unprofessional conduct, be referred to the committee on Grievances, to hear evidence and submit their findings. The paper was so referred.

Dr. Munn accordingly called the committee together, and asked aloud for the attendance of all concerned. At the close of the session, the following report was made and adopted without dissent:

"We respectfully recommend that Dr. Hole be reinstated to

full membership, and restored to all his rights and privileges in the National Eclectic Medical Association.

"S. B. MUNN,
"J. C. BUTCHER,
"L. T. BEAN,
"W. M. DURHAM,
"J. R. BORLAND."

The death of Dr. Alexander Thompson, of Meadville, Penn., was announced by Dr. Borland.

Section C (Obstetrics, Gynæcology, etc.) was now formed. Dr. Miller Jay, of Chicago, presided, and Dr. Bennett, of Iowa, acted as secretary. Some ten papers, most of them ably written, were submitted, read, and discussed. The committee then arose and reported action to the Association.

Section D was also organized, L. E. Russell, of Ohio, chairman, and J. B. McFatrich, of Chicago, secretary. Surgery is the great topic of this Section. Dr. Howe read a paper on Surgical Progress; several other papers were presented, after which the Section rose, and the Association took a recess till evening.

When the president called to order, Dr. Wilder offered a resolution to reconsider the vote of last year, accepting the resignation of Dr. R. A. Gunn. This was adopted, and the further consideration of the subject indefinitely postponed.

The report of the committee on the Mutual Aid Society was taken up, discussed, amended and adopted. The Association then adjourned, and a provisional organization of the Society effected. Twenty-six members signed the roll, and the following officers were elected: S. B. Munn, M.D., of Waterbury, Conn., president; H. B. Piper, M.D., of Tyrone, Penn., vice-president; Alexander Wilder, of Newark, N. J., secretary; L. E. Russell, M. D., of Springfield, Ind., treasurer; Milton Jay, M.D., 511 State street, Chicago, general medical examiner.

The Mutual Aid Society will go into operation when one hundred names have been obtained. It will meet at the place where the National Association shall meet, and at the same period.

The Iowa College embroglio was disposed of by the adoption of the following report from the committee on colleges:

"Whereas, the National Eclectic Medical Association at its fourteenth annual meeting adopted a resolution as follows:

"*Resolved*, That the King Medical College, of Iowa, and the Medical Department of Drake University remain on probation

for the coming year, to the end that if a favorable record shall be produced of either at the meeting of the National Association in 1885, it shall be recognised as in good standing with other colleges of the Eclectic school of practice; and

"Whereas, the two above-named colleges, by respective representatives, did appear before your Committee on Colleges, each against the other, and offered sufficient evidence to your committee to convince us that neither college has made a sufficient showing to entitle it to recognition; therefore be it

"*Resolved*, That this Association does not at this time give recognition to either college.

[Signed] L. C. Russell, M.D., Chairman, N. R. Martin, M.D., J. M. Mulholland, M. D, L. T. Beam, M. D., J. G. Bemis, M.D."

Dr. Munn moved to reconsider the vote postponing action in the case of Dr. Gunn. This was and could be done by unanimous consent, if it could be legally done at all. It was done, and, after several speeches characterised by much ill language, the resignation was accepted. The idea set forth in the case was the untenable one that the only mode of readmission in the case was by the committee on credentials. After this matter was disposed of, Dr. Jay made the extraordinary motion to reconsider the vote taken to reinstate Dr. Hole. The debate soon following was unparliamentary and exceeding the limits of propriety, and was followed by the adoption of a resolution referring the case to the committee on credentials! Dr. Hole, however, declined any further pressing of the case.

The following resolutions, by Dr. Howe, were unanimously adopted, every member present rising in favor:

"In view of the encroachments of 'regulars' upon the peaceful rights of those physicians whom they have styled 'irregulars' we publish our will and express our position and sentiments in the following evenly-tempered resolutions:

"Resolved, That the members of the National Eclectic Medical Association are all opposed to all partisan legislation, having in view the regulation of medical practice.

"Resolved, That we are in favor of 'Boards of Health' organized for the good of the people, and not empowered to act prejudicially to any class of physicians.

"Resolved, That we encourage testing the constitutionality of laws already enacted in several States giving authority to

health officials who discriminate against the professional interests of Eclectic practitioners."

The following telegraphic despatch was received amid general enthusiasm:

"ALEXANDER WILDER, M. D.:

"Tell the National Association, assembled upon the beautiful mountains, that Medical Despotism is defeated almost unanimously in the legislature. Grass upon Bunker Hill looks greener to-day, because Liberty still lives triumphantly in Massachusetts.

"HORATIO G. NEWTON."

Dr. Cashman, of Illinois, of Section D, reported the papers presented.

Dr. Davis held a concluding session of Section B, at which a paper was read upon the epidemic at Plymouth, Pa. In the discussion which followed Dr. Munn suggested that an accumulation of uric acid in the body, occasioned by the prolonged winter, was the possible cause of the visitation. The Section rose and reported its proceedings to the Association.

The electoral committee of two from each State was appointed. The members retired, and presently reported the following officers for the coming year: Henry B. Piper, M.D., of Pennsylvania, president; J. W. R. Williams, M. D., of Alabama, George Covert, M. D., of Wisconsin, and Mrs. E. G. Smith, M. D., of Connecticut, vice-presidents; Alexander Wilder, M. D., of New Jersey, Secretary; James Anton, of Ohio, treasurer.

The officers were duly installed, and the Association adjourned to meet at Atlanta, Georgia, June 16, 1886.

COLD ABCESS.—Prof. Verneuit's treatment for it is to withdraw the pus with an aspirator, then inject a 5 per cent. solution of iodoform in ether. This coats over all the walls and nooks of the inner surface of the abcess with a film of iodoform, the ether is absorbed, and the pyogenic membrane is destroyed and finally absorbed.

CORN CURE.—R. Salicylic acid, ℈i; strong tinct. cannabis-indica, ʒ ss; elastic collodion, ʒ ii; M. Apply to corns every day or two. Said to be a sure cure by those who have used it.

MENSTRUAL TROUBLES.—Ergot is a good remedy in dysmenorrhœa, in 1 drop doses, every hour. Recommended by a writer in So. Prac.

EDITORIAL.

THE FUNDEMENTAL PRINCIPLES OF MEDICAL PROGRESS.

ORGANUM.—Physiology starts out with the simple proposition that there is unity in Nature; that the organic and inorganic worlds meet and pass into each other; that life, function, nutrition, reproduction, etc., are only forms of natural phenomena that have no mystery behind them; that oxygen, hydrogen, carbon, and nitrogen are united in particular ways, and that certain mineral salts enter into the co-union to form organic beings, and thus the universal principle known as force, or motion, is active in the organic as in the inorganic world, and is engaged constantly in causing numerous phenomena in organic things called *vital* force.

Physiology teaches us that all the physical laws that govern dead matter also govern living things. Endosmosis and exosmosis are as active in the processes of living things as in dead ones. We note the process of oxidation and burning going on in all living things; that there is a constant taking in of oxygen and giving off of carbolic acid in all living things; that there is also a constant stream, inward, of fluid that takes the form of a blastema, and a constant stream outward, that takes the form of excreta. These are the essential features of living things, simply meaning renewal on the one hand and waste on the other. This renovation and destruction being a simple law of nature—the needs of organic things—that they may reproduce themselves; that all the laws of reproduction and renovation are essentially chemical and physical; that the life force is no more occult than the force of chemical affinities, or that of gravitation.

If we admit these facts, more than half of the mystery of life is cleared up. All living substances have an affinity for oxygen, and must have it in due quantity, or they perish. The physical universe is exactly in the same category. Besides oxygen, water is most imperatively demanded in both the organic and inorganic worlds. The laboratory of living things is the same as that of a chemist's; carbonic acid comes out of the combustion of oxygen with carbon; so does vapor come out of the union of oxygen and hydrogen; heat is disengaged just the same as combustion, elsewhere.

Living things have for their basis a specialized material called protoplasm, which is a proteid in nature and needs nitrogen in some form for its continuance in life, and for this very reason its existence is naturally limited, because the nitrogen waste is always a poison and tends constantly to destroy life in ways we will not specialize now. Nutrition, growth, reproduction, motility, and innervation constitute attributes of living things. There are various phases of these so-called vital properties, and serve to classify animated nature some way or another. In the first place, there are fundamental principles that belong to living beings; these are nutrition, growth, and reproduction—without which animated nature would be blotted out. The constant stream of nutrition need to sustain life reach the protoplasm of living things under the law of endosmosis Here, then, we see that the nutritive material must be made dialysable that it may pass through obstructions, and the obstructions are in the protoplasm itself. Growth and reproduction then follow in their order.

All matter is composed of atoms. Organic beings are composed of atoms, and these form molecules. Each molecule is only an arrangement of atoms in a special form and adapted to a particular purpose. The universe is similarly arranged. Now, a molecule of living matter is a lump of protoplasm—colloid matter—unstable, because oxygen has a powerful affinity for it, and the result is a burning of its substance; in fact, the colloid must be converted into a crystaloid, and must be removed. The nutritive material that is introduced to repair the damage done must, in some way, be converted into living colloid matter so that the repairment be effected at once, and as rapidly must the crystaloid *debris* be removed. These changes, consisting of oxidation, alimentation, excretion, are truly living acts, and are the essential properties of living protoplasm, no matter where found. This supply of nutrient material must be constant, because the oxidation process is continuous; then, there must be a molecule of material ready to replace the molecule burnt up by the oxygen. In this way, molecule by molecule goes, and is replaced. This is the work of the protoplasm, and is the same in all living things In this way life is continued in the individual; but it is a law of Nature that everything must wear out and die, and so we find that Death overtakes every living thing; the molecules lose their energy by being permeated by the crystaloid material;

slowly, by degrees, the crystaloidal material prevails by penetrating the colloidal, and thus its activities are arrested and death prevails.

Life is, then, the sum of movements originally, perhaps, from the sun. The vegetable world, no doubt, was flashed into being by force of the solar rays acting slowly on atoms, and these forming molecules. Transmutations of force is no new idea in our day, and science has built up this edifice, apparently, on solid ground. In living things impulses varied, and not the less complex act on molecules and set up movements which extend to other molecules, thus starting actions, but then the molecules arrange themselves differently in cases when placed under varied circumstances. The dynamic force of nature so transmutable is the foundation for the theory that the animal world lives off of the vegetable. The principal basis of life is protoplasm. Like heat, light, and electricity, protoplasms assume varied forms under varied circumstances, but it is essentially the same everywhere. It is subject to differentiations, yet it is always the same; 1st, it is contractile; 2d, it is irritable and automatic; 3d, it is receptive and assimilative; 4th, it is melabolic and secretory; 5th, it is respiratory; 6th, it is reproductive.

When Scwars decomposed the tissues with his microscope, he laid the foundations of physiology. The biology of to-day starts from an amorphous lump of photoplasms. How varied are all its phases and transmutations in the hierarchy of the living world! At the very threshold of life we commence with the amorphous protoplasm, unicellular beings nourishing and reproducing themselves, and endowed with motility and irritability. How much like nothing, and yet is everything in the scheme of the organized world! It is the foundation of all histology. It is the source of all organic force, and the sum of the vital force is the sum of the unity of protoplasm, and its metabolism in the creature. All complex organism are aggregations of *simple* cells more or less differentiated from the original protoplasm, and thus assuming complex modifications of functions.

The *amœba*, enchemlys, and potolytoma, all monocellular, differ in some essential particulars of morphology, but not in function. So the more complex organisms, composed of several cells juxtaposed, take on some differentiation of figuration and also of multiplicity of function. Many of these simple beings have a kind of instinct and motority, yet have no muscular nor nervous

tissue. As we rise in the scale of being, we find tissues added, slowly differentiated and more perfect, according to use and purpose. The blending of living molecules into varied and different forms and complexity of arrangement is, it must be allowed, of universal harmony and continuity. Structure and function go hand in hand, yet the amœba performs many functions that must be regarded as complex. It stores within itself the rudiments of complex life that are to be unfolded and detached into higher distributions. This is strikingly shown in the study of embryology; the cell, a simple lump of protoplasm, takes on varied phases, divides and redivides, thus multiplying and arranging themselves in different associations and forming varied communities, yet all acting and working in harmony, at the same time undergoing the most wonderful differentiations, till, at last, a new being is formed, and the most wonderful differentiations and arrangements have been brought to light!

The cellular theory as now accepted assumes that every cell sprung from a previous one, either by germination or segmentation. However, a powerful school of observers of noted skill assume that cells arise out of liquid blastima. The utter closeness of the anatomical elements to each other is not yet made out, but there is no sure basis of disproof. When we classify the cells we may arrange them in four orders: 1. The connective tissue cells, the most ubiquitous. 2. The epithelium cells, the main of the gland functionations. 3. The muscular cells. 4. The nervous cells. The blood cells, bone cells, cartilage cells, mucous cells, etc., are all brought under one or other of these orders. In the amœba, the nearness to muscle and nerve is too plainly seen in the motility and irritability of the mass. The simplest cell requires a fluid to live in, which is the medium of its nutrient and excretory exchanges. The more complex beings are composed of cells that are continually bathed in a liquid medium which is emphatically the plama or blastima, and is not only a living fluid but has many of the attributes of protoplasmic material. Thus endowed, it forms a constant molecular stream of nutriment to the protoplasmic elements out of which they renew, repair, revivify themselves, and into which they send forth crystaloid wastes of their molecules and gasses that have resulted from their consumption of carbon and oxygen. In this blastima is dissolved the food material for the protoplasm. There is reason to believe the blastima affords out of its ownself principles of

potency that are endowed, like it, with powers of converting dead nutrient stuffs into material that can be converted by the molecular forces of the protoplasm into living molecular elements like unto itself, and thus repair its losses. In the embryonic development, the blastima supplies the food and the stimulus that wakes into activity the being to come. In the healing process, the blastima is active in increasing the proliferation of the protoplasmic element. In nominal inflammation, it abounds, up to a certain point of intensity of action; when it fails it is because the protoplasm is overincreased.

The constant changes that must necessarily be, and are going on, in living tissues are as incessantly changing the state of the blastima, and it, at the same time, is as continually demanding new material to reform itself. The attribute of the blastima to maintain itself up to an average standard is not its only endowment. In addition, it stamps formative changes on the material that it receives and gives to the protoplasm. The blastima of a liver cell is constant in its formative powers. The protoplasm receives its special stimulus from the blastima. Now, the plasmas are also blastimas in a progressive state. The blood plasma, we are strongly moved to believe, is the blastima universal, and out of which is formed all the blastimas of specialized cells.

The relation of the protoplasm to the blastima is very complex. The former has a special attractive force for the latter, and the functions that ensue on the two, reacting, meet on common ground.

VINEGAR AND SALT IN DYSENTERY.

Dr. Smith, informs us he has treated a number of cases of dysentery very successfully with cider vinegar, half a tumblerful in which is dissolved a teaspoonful of common table salt, of this from one to four teaspoonfuls added to half a cup of water and drank after each evacuation. It is refrigerant and abates fever, at the same time tormina and tenesmus are greatly relieved. If it does no good in twelve or eighteen hourf it is useless in the case and had better be stopped. In many cases it acts with promptness.

THE Announcements of the GEORGIA ECLECTIC MEDICAL COLLEGE for the Ninth Session are out. Send in your orders. Free to all.

THE NATIONAL MEETS IN ATLANTA, GA., ON THE THIRD WEDNESDAY IN JUNE, 1886.

Wherever the National has convened it has left the royal stamp of its elevating influence on the Profession, and won from the people a high appreciative esteem for our School of Practice and Physicians.

Like a sunbeam, the National penetrates every available place, and gives renewed life, and pours forth light upon, the land and the people alike.

The meeting in New Haven, in 1883, was of incalculable benefit to the Eclectics of New England in every respect, and, not least, in directing enlightened popular attention to the superior attainments and usefulness of our school of physicians and the system we practice.

The meeting to be held in Atlanta next year will do more for our cause, and our practitioners throughout the South, than we could accomplish in twenty years without the powerful influence and help the National will bring and develop for us.

Every Eclectic in the whole South will be pleased to know of the coming event. Already it is being largely felt in and around Atlanta, that next year will be the day of highest delight and pleasure for Southern Eclectics.

It is now that we must begin to make preparations for the great meeting. There is no Eclectic but wishes to be present and participate in the honors and the feast of Reason that will be spread before us all. Now is the time to begin making preparations to attend the next National. Every State is entitled to fifteen delegates. Every one of us wishes to become a member, and desires to contribute our mite towards building up the good cause in the South, and thus enlarge the influence and extend the usefulness of our National Association.

While we are helping to build up the National, we are helping to build up ourselves; so we have a double incentive to work with all our might, and to put forth the best energies we can command, to make the meeting next June the great event in the history of Eclecticism.

Mississippi, Tennessee, and Florida are still without State organizations. There is the finest quality of talent, and the most robust energy, lying unused in those three great Eclectic States. Now is the time to commence going about it in good earnest to put those three States in eclectic order, by organizing State Ec-

lectic Associations in them in time to be represented in the National next June. The best men are the workers, and the work is calling them into its service, with the promise of splendid success, and honors greater than regal titles.

Brethren, remember our motto: "Onward the s'ar of Eclectic Progress wends its way to conquest and empire!"

OUR WORK AND THE WAY TO DO IT.

Every man having an object in view, as the work of his day and time, must have the stamina to maintain his mind on it without wavering or turning that he may master its details and the hidden springs within. Life is worth its price if we work with it to make it available in goods and valuables.

No calling requires so much attention to details, so much close observation, such deep philosophic reasoning as medicine. Everything in it is partly hidden; to find the truth and learn the whole, we must search, delve, enquire. Our mind must be constantly on the work in hand. How many men falter and fall, or become merely wretched rotine machines, or half balked plodders, simply because they are unable to concentrate their attention on the object in life they have selected as their vocation. We have men of mediocre abilities in general, yet having the wonderful faculty of concentrating their attention on the one thing and by dint of unremitting perseverance and untiring industry rise to eminence in their calling. These men have stakes in their head, an object in life, which they just know enough to hang too, to work with constantly till they master both the details and philosophy of the work.

It is not always the massive intellects born in the world that reach the highest rounds of the ladder of fame. Often the greatest men the world has known of have come up from the ranks of the mediocre, but then, these men have had a gift that enabled them to see a point, and the stamina and resoluteness to pursue it without tiring. It is this constant wrestling with a subject that begets familiarity with it in detail, and mastership of it in all its intrinsic values. Medicine needs such men. It is the soul in the hand, that mysterious principle that walks with some men, and which makes them great indeed.

The best men are those who have learned to work because they were determined to win. The best physicians are the men of deep and searching thought; because they are close observ-

ers, and the most determined enquirers in one special direction. These habits can be cultivated and improved if a man has that peculiar obstinacy of moral character that enables him to stick to and master his work, that so remarkably characterize the successful men of the world.

Success is bought with a price, and the price is the life of a man consecrated to his work and followed with love and resoluteness. Failure is no reason for disheartenment, and the man who believes in his work, and has selected it because he had a heart and a love for it, and a faith in it, is bound to succeed if he has the constitutional stamena and the moral courage to stick to it as long as it is workable. Medicine demands men of noble soul, philosophic heads, courage and perseverance. Everything often depends on seeing and noticing little things, and the knowledge of little things lead up to great ones. Let us work, brethren, with all our souls, our might, our manhood to cultivate medical science. The field is ours.

CAFFEIN slows the heart by stimulating the cardio-inhibitory mechanism and increases the general blood pressure by stimulating the vaso-motor mechainsm of the circulation. It is a pure and simple stimulant of the sympathetic centers, on which account it may be justly regarded as a nerve tonic. When the first sound of the heart is feeble, the heart's beat weak and rapid, as is the case in the avanced stage of acute disease, caffein may be used to great advantage. Low blood pressure attends feeble heart, seen best in valvular disease. Here we have scanty urine, depression of the respiratory center, marked by dyspœna, ædema of the cellular tissue and often anasarca. Caffein at once increases the general blood pressure, relieves the dyspnœa, increases the flow of urine, and all this comes from increased innervation of the heart.

Caffein is a diuretic indirectly, but none the less efficient, as the flow of urine is promoted by the blood pressure in glomuli. When the heart is weak the systole is inefficient, especially if there be present also a correspondingly low blood pressure, which is nearly always the case. Under these conditions the circulation in the capillaries is sure to be sluggish; hence, the frequent occurrence of congestion of a hypostatic character and the great nutritive derangements so often encountered.

Caffein is more certain than digitalis to strengthen the heart and

promote a healthy circulation in valvula disease of the organ. In low types of acute disease it promotes a more healthy circulation and restores the balance between the right and the left side of the circulation.

When the first sound of the heart is feeble, a bad sign in fevers and pneumonia, etc., caffein often increases the systolic energy and thus relieves the general exhaustion of the system.

In Bright's disease, we have in caffein a good remedy for increasing the quantity of urine without stimulating the already enfeebled renal epithelium. It thus gives us a safe diuretic.

We have in caffein a very excellent heart tonic and stimulant of the vegetable nervous system, which will be found of large range of usefulness in many acute diseases in which it is of paramount importance to maintain an equable blood pressure and stimulate the cardic-inhibitory mechanism.

In the so-called "typhoid" state which so often complicates acute diseases, weak heart, low blood pressure, tendency to death by asthænia, etc., caffein will be found a safe and valuable stimulant if carefully and prudently administered. Stick a pin here.

SALICIN is a powerful anti-rheumatic, and fully as efficient as salicylic acid, and less dangerous in large doses. Not less than 20 to 40 grains should be given every two hours in acute articular rheumatism, which it cures promptly.

Salicin is said to be as sure cure for catarrh of the nose as of rheumatism. So says Dr. B. F. Ricord, in the K. C. Medical Index.

Salicin has also given some good results in gonorrhœal rheumatism, in 20 grain doses.

ARTIFICIAL FOOD FOR INFANT FEEDING.—Fresh cream, 2 tablespoonfuls; sweet cow's milk, 2 tablespoonfuls; lime water, 3 tablespoonfuls; barley water, 3 tablespoonfuls; sugar of milk, 100 grains. Mix. This is as good as the best, and is always handy to be had everywhere, particularly in the country. Feed carefully; be sure the feeding-bottle is well scalded out twice a day, and well cleaned every time before using. Thousands of infants are slaughtered every year by improper feeding. More than half the cases of cholera infantum and infant mortality come from improper food and careless feeding.

MASSAGE FOR CURING BRUISES, CONTUSIONS, AND DEEP-SEATED INFLAMMATIONS.—A few months ago a man was run over by a wagon wheel passing across his loins. He became my patient ten days after the accident. At this time he was unable to sit up, or even turn himself in bed, and the pain he suffered was very great. There was a large space on his back and hips discolored by the blood settling in the skin and cellular tissue. We ordered careful massage, gentle at first, then more energetic, to be continued ten minutes every six hours, and in the intervals a liniment made of a pint of sweet lard oil, a fl. oz. each of oils of turpentine, sassafras, and wormwood was rubbed well into the skin over the seat of injury. We ordered him, ℞. sulphate of magnesia; Rochelle salts, aa ʒij; soda bicarb, ʒss; water, Oij. M. S: Wineglassful in a half-tumblerful of water every two or three hours—which moved his bowels and caused some watery evacuations, started his urine, and set up osmotic processes in his system generally, that served to increase absorption on the one hand and excretion on the other. In a week, under this treatment, he was a new man, and in two weeks was able to go to work. His restoration was perfect.

In deep-seated inflammation of any organ, we believe massage, properly used, has done more to cure these cases, aided by some judicious medication to favor absorption and physiological tissue change, than any other mode of treatment. Many cases of enlarged glands, the result of chronic inflammations, as the liver, spleen, etc., and the large tissue-sogged uterus that remains as an imperfect recovery from parturition, have been cured by massage, proper medicines, and diet. Try massage for this and that and t' other things you don't cure easily.

FOR RINGWORM OF THE SCALP.—℞. Oleate of copper, ʒss–ʒi; vasalin, ʒi. M. Rub well on the scalp. Do not wash the parts, as water causes the epidermis to swell and prevent the entrance of the ointment into the depresses of the tissues. This treatment will be found efficacious in ringworm in any part of the body.

DIARRHŒA OF TYPHOID FEVER has been well treated with: ℞. Iodine; carbolic acid crystals, aa ʒss; glycerine, ʒiij. M. Dose, 10 to 20 drops, and repeated according to circumstances. Always give it in an infusion of bayberry, which we believe a good antiseptic.

LEPTANDRIN is the best corrective and adjuvant of Podophyllin known to us. Be sure to combine them even when podophyllin is administered in small doses. The cholagogue results are infinitely better for the combination. The best cholagogue pill we know of is, R. Podophyllin, 10; Leptandrin, ½; Castile soap, 1 grain. This pill, repeated night and morning, or only once a day, corrects the abnormal state of the alimentary canal and promotes the activity of the liver. It will eliminate the nitrogen wastes freely.

THE LIBERAL MEDICAL PROFESSION in Massachusetts and New England are men of solid worth and influence. They defeated the Allopaths in their attempts to obtain partisan legislation in Massachusetts, Texas, Ohio, Indiana, and other States, owing to the advanced stand of the liberal profession and the liberal sentiment of enlightened public opinion, won victories also. Union and harmony in our ranks are the safeguards against Allopathic encroachment.

MR. H. P. COLLINS, of Sheltonville, Ga., who was a student of the Class of 1884–'85, died at his home on June 17, of typhoid fever, after an illness of forty seven days. Mr. Collins was an attentive and bright student. We send words of condolence to the bereaved and mourning ones at home.

THREATENED ABORTION is frequently nipped in the bud by drop doses of fl. ext. ergot, repeated every half hour till the uterus is quieted. This has been frequently verified in practice.

THE GEORGIA ECLECTIC MEDICAL COLLEGE.

The next session will commence on the first Monday of Oct., 1885, and continue till March, 1866. Faculty: I. J. M. Goss, M.D., Professor of Practice and Materia Medica; A. G. Thomas, M.D., Prof. Anatomy and Chemistry; Wm. M. Durham, M.D., Prof. of Diseases of Women and Children, and of the Parturient State; G. W. Delbridge, M.D., Prof. of Obstetrics; J. F. Hammond, M.D., Prof. of Clinical Medicine and Nervous Diseases; Jos. Adolphus, M.D., Prof. of Surgery and Physiology, and Dean of the Faculty.

This College has been rebuilt and enlarged to accomodate 300 students.

It is conveniently located, is provided with all the appliances essential to impart a thorough and practical education in all its branches. The Faculty are experienced teachers who have their work well in hand. Students of medicine will find it to their professional and pecuniary advantage to attend this College if they intend making the practice of medicine and surgery their occupation. For announcements and all other information, address, JOS ADOLPHUS, M.D.,

Dean of the Faculty, College Building, 48 Butler St., Atlanta, Ga.

SIXTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS AND TWO APPENDIXES.

A—Conspectus of the Medical Colleges of North America, revised to December 29, 1884.

B—Official Register of Physicians and Midwives in Illinois, revised to December 1, 1884.

There is attached a list of names of physicians whose certificates the Board has revoked for unprofessional and dishonorable conduct.

This Board sits and exercises the power of a law court of the great State of Illinois, minus the protections to property and reputation the courts of law guarantee. Nothing but the sweet will of the august members of the Board is there to supply the antiquated notion of a judge and jury protection in free governments! But Illinois is a great American State, and Russia is a great Empire.

We are under many obligations to the urbanity of Dr. John H. Rauch, the active secretary of the Illinois Board of Health, for a copy of this Report, for which he will please accept our thanks.

BOOK REVIEW.

HANDBOOK OF HOMŒOPATHIC PRACTICE by George M. Ockford, Member of the American Institute of Homœopathy. It contains 425 pages, bound in cloth, and sold by Duncan Bros., of Chicago, at $2.50.

This work has already received the endorsement of the most eminent Professors in Homœopathic Colleges, and they recommend it to their students, and to young physicians. As far as I have examined it, I find it to be a valuable guide to young physicians. One of the commendable features of the work is, its indications for the remedies under various pathological condi-

tions. It is concise, and well adapted to beginners in practice.

I. J. M. Goss, A.M., M.D.,

Prof. of the Practice of Medicine in the Georgia Eclectic Medical College.

THE CENTURY for June reached us as we were going to press last month, too late for notice then. It is certainly one of the most interesting numbers of this highly popular magazine. The raid on Virginia by the famous John Brown and his deluded compatriots is graphically described by John E. P. Daingerfield, and is worth the price of the number.

The War papers are of unusual interest; among the most absorbing of them is General Imboden's paper on Stonewall Jackson in the Shenandoah, describing the famous valley campaign, which had an important bearing on the withdrawal of McLellan to the James River. The disaster on Beaver Dam Creek is narrated by Gen. D. H. Hill; and Gen. Fitz-John Porter describes the desperate battle fought the next day at Gaines' Mill. The war maps in this issue of the Century are pronounced the most accurate ever published in this country.

The portraits of the distinguished Sir John Herschel (the frontis engraving), and of William, the father, and Caroline, the sister of Sir John, are admirable works of art, accompanying which are short biographies of these notables

The "Rise of Silas Lapham" is increasing in interest. It is a magnificent story, full of pure human nature.

This number of the Century is so full of so many good things we dare not risk the space to mention half of them.

The July number has just come to hand. Many thanks to the urbane publishers.

SOUTHERN JOURNAL OF HEALTH, a popular monthly, devoted to climate, hygiene and sanitary science; edited by Horatio P. Gatchell, M. D., and published by the Southern Health Publishing Company, Asheville, N. C. We welcome you with all our heart.

THE TWENTY-THIRD REPORT of the Board of Trustees and Officers of the Georgia Institution for the Education of the Deaf and Dumb, at Cave Spring, Ga., extending from October 1, 1882, to September 31, 1884.

THE ELMORE EXPRESS, published in Wetumpka, Ala., by E. W. B. Bayzer, esq., is a live paper. Shake, brother, shake!

SEE Sharp & Dohme's advertisement on second cover page.

PARK, DAVIS & Co. make the most reliable preparation of cocaine found in the drug stores. Be sure to use it when you need the article.

PLANTERS' CAPSULES we know are of the best quality. See advertisement.

BAKER'S COD OIL has a larger sale in the South than any other cod oil. We prefer the oil straight—no emulsion for us. It is the sweetest and most delightful oil of any, is free from any adulteration and as sweet as a nut.

BAKER'S SOLUTION OF FERROUS MALATE is no doubt the most agreeable and mildest preparation of iron at our disposal. Try it. See their advertisement and write to the firm.

FELLOWS' HYPOPHOSPHITES have achieved a famous reputation. Nothing succeeds like success. See advertisement and write to the firm.

LISTERINE is holding its high place as a disinfectant. Safe and agreeable.

TILDEN & Co., New Lebanon, N. Y., still hold the field they occupied a third of a century ago. Age seems to brighten the good old firm.

ARCHER'S GYNECOLOGICAL CHAIRS are well liked by many physicians, and they are cheap. See the advertisement in this Journal.

HORLICK'S FOOD FOR INFANTS AND INVALIDS is as good as any other preparation of the kind and equally as popular with physicians. See advertisement.

CLARK PHYSICIAN'S OFFICE CHAIR is a prominent piece of furniture in Prof. Durham's office. See advertisement.

WEBSTER'S UNABRIDGED is the universal authority among English speaking and writing people. See advertisement.

WM. S MERRELL CHEMICAL CO.'S CONCENTRATED MEDICINES are very popular with Eclectics of the South, and deservedly so. See their advertisement.

THORP & LOYD BROTHERS' Specific Medicines are being largely used by physicians in Atlanta, who say they are just what they claim to be.

Read Dr. J. R. Raughton's advertisement in the Journal.

1885. 1886.

NINTH

ANNUAL ANNOUNCEMENT

OF THE

GEORGIA

Eclectic Medical College

ATLANTA, GEORGIA.

ATLANTA, GA.:
A. M. BERGSTROM, GENERAL JOB PRINTER.
1885.

FACULTY

OF THE

Georgia Eclectic Medical College,

1885-'86.

STEPHEN T. BIGGERS, M. D.,
Emeritus Professor of Obstetrics & Diseases of Women & Children.

JOHN R. BORLAND, M. D.,
Emeritus Professor of the Institutes of Medicine.

HON. O. A. LOCHRANE, LL. D.,
Emeritus Professor of Medical Jurisprudence.

JOSEPH ADOLPHUS, M. D.,
Professor of the Science and Art of Surgery.

I. J. M. GOSS, A. M., M. D.,
Professor of the Science and Practice of Medicine.

A. G. THOMAS, A. M., M. D.,
Professor of Descriptive and Surgical Anatomy and Microscopy.

JOEL F. HAMMOND, M. D.,
Professor of Diseases of the Nervous System & Venereal Diseases.

A. G. THOMAS, A. M., M. D.,
Professor of Chemistry and Toxicology and Urine Analysis.

G. W. DELBRIDGE, M. D.,
Professor of the Principles and Practice of Obstetrics.

W. M. DURHAM, M. D.,
Professor of the Diseases of Women & Children and Dermatology.

I. J. M. GOSS, A. M., M. D.,
Professor of Materia Medica and Therapeutics.

JOSEPH ADOLPHUS, M. D.,
Professor of Physiology.

BENJAMIN H. THURMAN, M. D.,
Assitant to Professor of Anatomy, and Demonstrator of Anatomy.

For further particulars and announcements, address
JOS. ADOLPHUS, Dean of the Faculty,
48 Butler street, Atlanta, Georgia.

1885. ANNOUNCEMENT. 1886.

THE ANNUAL SESSION

Of the GEORGIA ECLECTIC MEDICAL COLLEGE will commence on the first Monday (5th) of October, 1885, and continue till March, 1886.

EARLY ATTENDANCE.

It is the experience of the Faculty that those students who are present at the very commencement of the session, and continue regularly in attendance, become the most proficient and best posted members of the class. It is to the interest of students, therefore, that they do not delay their coming seveal weeks to save a trifle of their expenses, for in so doing they are losing valuable instruction, and are placing themselves at a considerable disadvantage in the prosecution of their studies. You come here to learn all you possibly can, and should be present at the very opening of the session.

THE PRINCIPLES AND SYSTEM

Of instruction of this College is Eclectic in the broadest sense, and embrace everything of known merit and value the experience of Physicians of all Schools have developed. It is the genius of Eclecticism to be fertile in discovery, and practical in application, and direct in the adaptation of means to ends. The FACULTY of the College spare neither time, means nor labor to educate the students up to this broad standard. The spreading Eclecticism of the age demands this, and students will find that the quality and range of instruction they will receive in this College will be a thousandfold more practically useful to them in their professional life and labors than can be obtained from any other Medical College in the South.

Each student who intends to come forward for graduation will be required, once a week, to present, read, and defend a short thesis on some topic already covered by the lectures. Each Professor will demand this of such members of his class as he may designate during the course of the session. The important benefits this system of training confers on the class in general, and the person so exercised, are of such high order, and have been of such remarkable assistance to all in the course of instruction, that the Trustees and Faculty insist on its maintenance and carried to the highest degree of utility.

The system of Quizzing adopted by each member of the

Faculty, previous to each lecture, and embracing all the salient points of the previous lecture, will be continued.

INSTRUCTIONS.

The instructions of this College are thorough and complete, consisting of lectures with demonstrations and clinics, recitations, quizzes, and practical manipulations.

LECTURES.

The lectures are practical and demonstrative. The great object of the Faculty is to store students' minds with practical and important topics of our science, so that they will be enabled to quickly grasp the essential principles of the practical parts of our art and science, and make their learning as easy as the profoundness of the Science of Medicine will allow.

CLINICAL INSTRUCTION.

The Faculty and Trustees are fully alive to the paramount importance of clinical instruction, and ample provision is made for having abundant clinics, two or more days during each week. Fortunately, many of the friends of the College are in public and private positions through whom any quantity of clinical material, for the use of the class, can be obtained. Besides this, students that are advanced are often provided with cases by members of the Faculty and sympathizing friends, so that, under these guidances, a large fund of practical information is thus to be obtained. These embrace Obstetrical as well as other cases.

SURGICAL CLINICS

Were frequently held at the College last winter, and provision is made for largely increasing, the coming winter, clinics of this kind.

THE PROGRESS OF ECLECTICISM.

In the South the Eclectic practice of Medicine is becoming rapidly the popular system of treating the sick. From nearly every town in the South comes to us the demand for good Eclectic Physicians, and the supply is far short of the demand. We can locate every graduate we commission, in good places. None of our graduates have experienced any difficulty in obtaining good locations. As far as we know of, all are doing good and lucrative practice. You hardly find an Eclectic Physician who is not profitably employed in his profession. On the other hand, the country is full of tramping "Regulars" hunting locations. The popular preference is being shown for Eclectic Physicians, everywhere.

Every young man who enters an Eclectic Medical College, pays strict attention to his studies, and posts himself as well as he possibly can, then graduates, is morally sure, other

things being equal, of speedily getting into a good and lucrative practice, and finding favor with the people everywhere.

It is ackowledged by every candid mind conversant with the fact, that the Eclectic School of Medicine has had a most potent influence in bringing about the wonderful and salutary change that is now noted in medical practice.

THE MUSEUM.

There is nothing in the South to compare to it. Everything that can be of use in illustrating Anatomy, Physiology and Pathology, and Chemistry are here. The Chemical apparatus is not equaled South of the Potomac.

Besides our own rich collections, the splendid museum of the Reform College—consisting of one of the finest French manikins in the country: large plaster and papier-mache casts and molds of every description—have been acquired by late consolidation. In fact, it is one of the most complete and valuable to be found in any medical college South.

The department of Materia Medica is very complete. Pathology, Embryology, and Science in general are largely represented within its cases and on its shelves.

We cordially invite Physicians, while in the city, to visit the Museum ; every courtesy will be shown them to make their visit agreeable and pleasant.

THE COLLEGE BUILDING.

The Trustees, as announced last year, have rebuilt and very much enlarged the College Building, No. 48 Butler street, so as to comfortably accommodate three hundred students. The general lecture room is a splendid auditorium ; is well lighted, and provided with chairs, charts, black-board, and every other convenience for teaching. A chemical lecture room and laboratory have been provided, where general Pharmacy and a course on Toxicolgy will be united with Chemistry. In short, the new College building is one of the finest in the city, and is a convincing evidence of the remarkable success that has attended the advancement of liberal medicine in the South since the organization of the GEORGIA ECLECTIC MEDICAL COLLEGE.

DISSECTION AND PRACTICAL ANATOMY.

This College has always made ample provision for teaching practical Anatomy. The supply of subjects has always been sufficient, and the expenses to students in this branch of study have been made as light as the circumstances would allow. It is a standing rule in this College that every student must dissect, nor are students allowed under any consideration to shirk this important study. The Demonstrator will be on hand every day to give all the needed assistance to students. The subjects will be thoroughly disinfected and injected, so that the risk incident on the prosecution of this branch of study will be reduced to the minimum.

ATLANTA AS A HEALTH RESORT.

Situated 1,100 feet above the level of the sea, having no natural causes of disease in or around its locality, with an atmosphere largely impregnated with ozone, and the winter months peculiarly mild in temperature, Atlanta stands out before the citizens of the Northern and Western States as a most desirable and inviting place for Northern students to sojourn during the college session. Its citizens are kindly and hospitably disposed toward strangers, and have always received well-behaved newcomers with a generous hospitality. Besides, the Professors of the College, and their friends, devote themselves to the interests of the students, and take a special care to make their stay in Atlanta cheerful and homelike.

UPON ARRIVING IN THE CITY.

Students are requested to at once present themselves at the College building, where the Dean, or his assistants, will be found, who will render all needed assistance to obtain good boarding places at reasonable prices.

RULES AND REGULATIONS.

1. The law of Georgia requires that two Courses of Lectures shall be taken before graduation, and all the Medical Colleges in this State are forbidden, on pain of heavy penalty, granting diplomas to students, or others, who have not complied with this law. Candidates for graduation must be twenty-one years of age, of good moral standing, and must have attended two full courses of Lectures at some reputable Medical College. The last course must have been at this College.

2. He, or she, must have paid all the fees in full.

3. Must present to the Faculty a thesis, composed by himself, or herself, on some topic akin to Medicine, which must be deposited with the Dean, together with the graduation fee of $25, at least twenty-eight days before the end of the session.

4. He, or she, must have dissected the best part of the term; must have been diligent in attending the lectures and clinics.

5. The Trustees and Faculty reserve the right to sit in judgment on the behavior of students and candidates for graduation. Any student who habitually absents himself from the lectures will forfeit his right to graduate, even if the Faculty is willing to pass him.. The Trustees and Dean control this matter.

6. Every candidate for graduation must appear in person before the Faculty, in such order as she or he may be notified, and then and there undergo a thorough examination, by each member, on the respective branches taught in this College.

7. When a candidate fails to receive a passing vote, the

graduation fee of $25 shall be returned to him, or her, but the thesis may be retained.

8. The degree of Doctor of Medicine will be conferred on all such candidates for graduation as have complied with the above rules and regulations, and have passed a successful examination, at the end of our session, and at our regular Commencements, and at no other time.

GRADUATES OF RECOGNIZED MEDICAL COLLEGES,

Desiring to attend a Course of Lectures in this College, can do so on paying an entrance fee of $10.

Graduates as above desiring a Diploma from this College must submit to an examination and pay the fee of $25.

The graduation fees, every cent of which go to the Trustees and the Faculty, have no monetary interest in the number of students that graduate annually, be they few or many. Our only aim and interest are to turn out good, proficient, and competent Practitioners. This is our best advertisement.

Many parties, writing, ask us to grant them Diplomas, or to graduate them, on terms that both the State law and our own by-laws forbid. It is needless to say all such applications and importunities have been respectfully dismissed with a simple "No."

FEMALE MEDICAL STUDENTS.

The Trustees and Faculty have unanimously voted to extend to Women, who desire to obtain a regular Collegiate Medical Education, all the advantages of this College on an equality with men. The Faculty, therefore, extend a generous and hearty invitation to all such females, in all sections of our common country, and Canada, to freely embrace and utilize the opportunities hereby open to them, with the assurance that every lady who may select this College for the purposes above named, will be received with marked courtesy and kindness, and everything will be done to make her stay pleasant, agreeable, and profitable.

The Dissecting Room will be open to them on special hours exclusively, if they so desire it; but it is recommended that ladies who enter on the study of Medicine should approach it, in all its departments, in a spirit, and with feelings, purely scientific. In this way, they will find every embarrassment vanish out of sight and hearing immediately.

FEES.

For the Course	$60 00
Demonstrator's Ticket	5 00
Graduation Fee	25 00

Dissection material at cost.

The above covers the entire Fees for the Course.

BENEFICIARIES.

The Faculty have always admitted several Beneficiaries. The rules for such to comply with are:

1. They must be persons of good moral character.
2. They must have a good English education.
3. They must bring documentary evidence, from responsible, veracious parties, that they are unable, pecuniarily, to pay the fees, and are worthy, in a moral and intellectual sense, of this favor.
4. Every Beneficiary must pay an entrance fee of $15.

TEXT BOOKS.

Physiology—Foster, Flint, Draper, Huxley.
Surgery—Bryant, Gross, Hamilton, Ashurst, Howe.
Anatomy—Gray, Wilson, Heath.
Obstetrics—King, Playfair, Lieshman.
Practice—Goss, Bartholow, Scudder, Roberts.
Diseases of Children—J. Lewis Smith, Scudder, Meigs and Pepper.
Chemistry—Atfield, Fownes, Lloyd.
Diseases of Women—Thomas, Scudder, King.
Materia Medica—Goss, American Dispensatory, Ringer, Bartholow.
Pathology—Rindfleich, Bilroth, Wagner.
Diseases of the Eye—Wells, Stillwag.
Toxicology—Woodman and Tiddy, Wormley.
Diseases of the Ear—Roosa, Burke.
Fractures and Dislocations—Hamilton, Smith, Howe.
Nervous System—Hammond.
Diagnosis—DaCosta.

PRIZES.

The Faculty will award to proficient Students such prizes as their merit will warrant.

THE ANNUAL COMMENCEMENT

Will be held in public, at a suitable place, with appropriate ceremonies, music, addresses, and awards, early in March, 1866.

BOARD

Can be obtained at good places, at prices ranging from $3.50 to $6 per week.

CLUBBING AND BOARDING.

Students, who desire to reduce expenses, can bring with them bed and bedding, and several can occupy a room together, hiring their cooking done by a trusty person, in clubs, which will reduce the general expenses of living while attending lectures.

Everything will be consistently done to lighten the legiti-

mate expenses of students, and aid them to prosecute their studies with as few burdens as possible; therefore, preceptors and students will see how much of heartfelt interest the Trustees and Faculty of this College have in all who desire to obtain a good and practical Medical Education; and all such will at once see that it is to their interest to patronize the GEORGIA ECLECTIC MEDICAL COLLEGE.

The Georgia Eclectic Medical Journal.

THE ONLY

ECLECTIC JOURNAL

IN THE SOUTH.

Thoroughly Practical, Liberal and Progressive.

Published in the Interest of Southern Eclecticism,
Monthly, by

S. T. Biggers, M.D., and Wm. M. Durham, M.D.,

AT $2.00 PER YEAR.

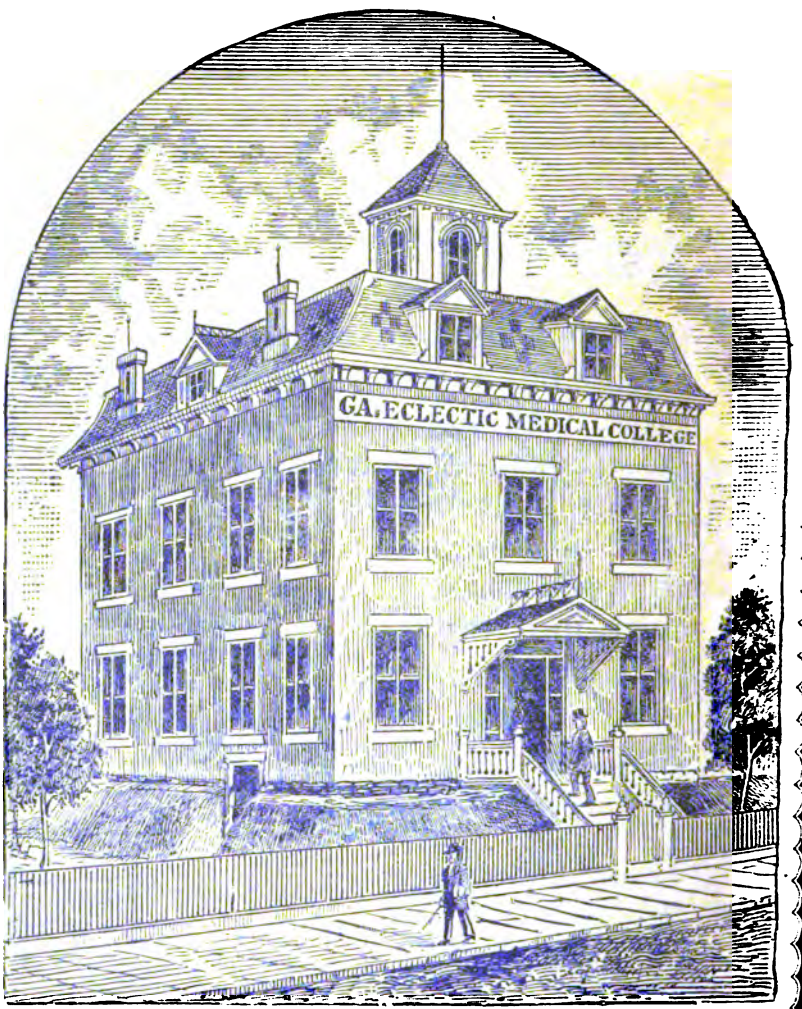
JOSEPH ADOLPHUS, M.D., EDITOR,
48 Butler street, Atlanta.

GRADUATES OF THE SESSION OF 1884-'85.

B. Calhoun Hoges.....Florida.
Thomas J. Collins.....Georgia.
Mrs. Annie O. Pickering.....Tennessee.
John C. Stephens.....Georgia.
Albert A. Cloud.....Florida.
Alford F. Green.....Georgia.
Reuben D. Abernathy.....Georgia.
R. Malachi Moore.....Georgia.
John A. McRea.....Georgia.
Shelby P. Downs.....Georgia.
Methvin T. Salter.....Georgia.
Irwin A. Cofer.....Georgia.
Ange, A. De La Perriese.....Alabama.

Trustees Georgia Eclectic Medical College.

S. T. BIGGERS, M. D., PRESIDENT.
WM. M. DURHAM, M. D., VICE PRESIDENT.
W. T. PARK, M. D., SECRETARY.
F. M. COKER, ESQ., TREASURER.
R. P. S. KIMBRO, ESQ.
G. T. OGLETREE. ESQ.
F. T. POWELL, M. D.
W. L. HUBBARD, ESQ.
A. L. HOLBROOK. ESQ.
WILLIAM PHILLIPS, ESQ.
HON. O. A. LOCHRANE.
G. W. DELBRIDGE, M. D.


GA. ECLECTIC MEDICAL COLLEGE

THE
ECLECTIC MEDICAL JOURNAL.

VOL. VII. AUGUST, 1885. No. 6.

ORIGINAL COMMUNICATIONS.

THE PROCEEDINGS OF THE TWELFTH ANNUAL SESSION OF THE ECLECTIC MEDICAL ASSOCIATION OF PENNSYLVANIA.

The twelfth annual meeting of the Eclectic Medical Association of Pennsylvania convened Tuesday, June 16, in parlor E of the Logan House, at 2 o'clock p. m.

The session was called to order by Dr. William Darmon, of Philadelphia, vice-president of the Association. The minutes of the last meeting were read by the recording secretary, Dr. William Hargreaves, of Philadelphia, and were approved. The roll of officers was called, and the following responded to their names: Vice-president, Dr. Wm. Darmon; recording secretary, Dr. Wm. Hargreaves; corresponding secretary, Dr. J. R. Borland; treasurer, Dr. H. B. Piper.

Dr. J. R. Borland then proposed the following gentlemen to act as a board of censors: Doctors A. B. Woodward, D. E. De Ross and A. Yeagley; and, on motion, they were appointed.

The treasurer, Dr. Piper, reported the following gentlemen as having paid dues and initiation fees: Messrs. William Rauch, M. D., W. S. Mott, M. D., and James M. Bunn, M. D.

The committee of censors reported the following gentlemen as being worthy of membership in the Association: W. S. Mott, W. S. Glenn, F. W. Hartley, P. J. Stauffer, and Andrew Yeagley, M. D. The report was unanimously adopted, and, on motion, they were elected active members of the Association.

At this point of the proceedings, Dr. J. R. Borland read the following obituary notice of Dr. Alexander Thompson, of Meadville, Pa., who was one of the charter members of this Associa-

tion, and its first president, and one of its most active and efficient members while his health permitted:

> "While resignation gently slopes the way,
> And all his prospects brightening to the last,
> His heaven commences ere the world be past."

Dr. Alexander Thompson, the subject of this obituary, was born at Tioga, Pa., June 20, 1820. He graduated at the Eclectic Medical College of Cincinnati, Ohio, in 1847. He located in Meadville in 1849, where he practiced medicine and surgery until the war of the rebellion. At the commencement of the war he recruited a company for the 111th Pennsylvania Volunteers, and remained in the service until nearly its close. He served as an assistant surgeon in the Union Army with eminent ability and unswerving fidelity. At the time of his enlistment he was enjoying a large and lucrative practice of his profession in our city, but he left all at the call of his country and served faithfully in the front of the army; unawed by the dangers of the battlefield or the vicissitudes of a life in camp and hospital, always true to his trust, no danger or exposure deterred him from the performance of his duty. His nature was kind and sympathetic, and this, with his skill as a surgeon, rendered him eminently qualified for the position he occupied in the army. While he was thus performing his duty to the sick and wounded soldiers, he contracted the disease that ultimately caused his death on the 17th of April, 1885. After he left the army he resumed the practice of his profession in the city of Meadville, and while his ill health restricted his practice principally to the office, yet his many skillful operations and his success in the treatment of chronic diseases, gained for him a reputation second to none in Western Pennsylvania.

For a period of fifteen years before his death, Dr. Thompson was an exemplary member of the First M. E. Church. As a citizen he was a man of undoubted integrity, socially a Christian gentleman, and as a friend one ever to be relied upon. In his death our city has sustained a loss that will long be remembered, and the social circle to which he belonged a bereavement that will be felt for many years.

On motion, Drs. J. R. Borland, A. B. Woodward, and H. B. Piper were appointed a committee to draft resolutions on the death of brother Alexander Thompson.

The following named representatives to the National Eclectic

Medical Association, being present, were elected honorary members of the Eclectic Medical Association of Pennsylvania: S. S. Judd, M. D., Janesville, Wis.; H. K. Stratford, M.D., Chicago, Ill; J. C. Butcher, M.D., Urbana, Ohio; James Anton, M.D., Lebanon, Ohio; George Covert, M. D., Clinton, Wis.; N. R. Martin, M. D., Saccarappi, Me.; Stephen B. Munn, M. D., Waterbury, Conn.; L. E. Russell, M. D., Springfield, Ohio; C. H. Yelvington, M. D., Ocean Beach, N. J.; Byron Clark, M.D., Washington, Pa.; Elizabeth G. Smith, M.D., Bridgeport, Conn.; J. W. Stewart, M. D., New Lisbon, Ohio; W. H. Hawley, M.D. Penn Yan, N. Y.; Albert Reichard, M. D., Paola, Kans.; E. C. Stockton, M.D., Altoona, Pa.; J. B. McFatrich, M.D., Chicago, Ill.

The report of No. 4 was read by the secretary, and ordered to be spread on the minutes.

This report from Auxillary No. 4—the Eastern Eclectic Medical Association—by the secretary, W. H. Blake, was very lengthy, and gave a very minute history of the Association, which did not reflect much credit on the Eclectic physicians of Philadelphia, who, with a very few honorable exceptions, are cowards and traitors to the cause of Medical Freedom and Progressive Medicine.

On motion, the Eclectic Medical Association of Pennsylvania agreed to pay the expenses of the National Eclectic Association which is to convene at Altoona to-morrow, when an order for $50 was drawn on the treasurer of the Association, and the balance was raised by voluntary donation.

On motion of J. R. Borland, the Association proceeded to the nomination and election of officers for the ensuing year, with the following result, viz:

President, L. T. Beam, M. D., Johnstown, Pa.
First Vice-President, W. P. Biles, M. D.. Union City, Pa.
Second Vice-President, G. E. Potter, M. E., Johnstown, Pa.
Recording Secretary, Wm. Hargreaves, M. D., Philadelphia.
Treasurer, H. B. Piper, M. D., Tyrone, Pa.
Corresponding Secretary, H. F. Beam, M. D., Johnstown, Pa.
Consulting Surgeon, A. Yeagley, M. D., Johnstown, Pa.

After which, a resolution of regret and sympathy was passed on the absence of the president of the Association, J. M. Bunn, M. D., of New Washington, Pa., who was detained at his home by severe injury, as follows:

Resolved, That we regret the absence of our most worthy president of the Association, J. M. Bunn, M. D., who is unavoidably absent on account of illness, and that he has our warmest sympathy and earnest hopes for his speedy recovery.

After which, Dr. J. B. McFatrich, of Chicago, exhibited the body of an infant which he removed from a lady in the above-named city. It had been encysted in the womb for a period of thirteen years, an account of which has been published in the principal newspapers of the country within the past few days.

On motion, the thanks of the Association were extended to Dr. McFatrich for the exhibition and his kindness in presenting the same.

A lady brought a child about three years old for examination, which had been treated by several so-called regular physicians for paralysis for more than a year. When examined by several surgeons, it was decided to be the result of a dislocation of the shoulder!

This was followed by the address of the vice-president, Wm. Darmon, M. D., of Philadelphia—which was ordered to be printed—as follows:

Officers and Members of the Eclectic Medical Association of the State of Pennsylvania:

Another year has rolled by, and is numbered with the unnumberable years in the cycles of Time which constitute the dim vista of the Past. It devolves upon me, in the absence of our worthy president, to occupy his place.

It is with extreme pleasure that I greet so many familiar faces, and only regret that every one of our number is not here to enjoy the great intellectual treat that we anticipate as the outcome of this convening of the State and National Associations in the State of Pennsylvania at the same time and place—an event which, in all probability, will not again occur in a lifetime.

It is at these meetings that we expect to hear of improvements in the treatment of the various diseases which flesh is heir to, as well as in the treatment of numerous injuries of a mechanical nature; of discoveries of new remedies, and new or unknown therapeutic action of old ones; for we cannot stand still, or follow in the old beaten track of any pathy or ism. The world moves. We live in an age of progression; an age in which the Sciences and the Arts are marching onward with rapid and gigantic strides; an age in which the people are beginning to realize that

the old-time doctor knew very little, and that the doctor of to-day knows, comparatively, very little more; an age which demands a more positive knowledge on the part of the physician as to the nature and cause of disease, and its proper mode of treatment.

The people are being educated. They are becoming more and more able to judge of the ability of a practitioner. They have tried Allopathy, many of them, and found it wanting. To Homœopathy has been applied the crucial test, and it also fails. All systems are put down as failures—and why? Not because God in his infinite goodness has not provided, in the arcana of Nature, the proper remedies for all our ills, and antidotes for all poisons entering the human system, whether in the form of poisonous gases, or air loaded with bacteria, or the seeds of cryptogamous growths, which are themselves the result of decomposition. No. They fail rather because:

First. The system itself is wrong; because it lacks in itself the elements of success, being the deductions of one class who have ridden a hobby to death, and then, in their blind zeal, announcing it to the world as the true practice, condemning every one who differs; and, furthermore, prescribe a line for absolute guidance, since no two cases are exactly alike, no two constitutions alike, and no two cases with like circumstances surrounding.

The physician must have judgment, and he must use it, and use it in connection with the case he is treating; and in order to do that he must survey the whole field. He must be a thorough anatomist, and chemist. He must be well versed in Physiology and Therapeutics. He must be posted in Hygiene and Sanitary laws, and their application. He must understand the specific action of drugs. He must ever be investigating and delving into the mystery of the unknown, as well as the known action of medicines, and the cause of disease. He should not be too anxious to force upon others that which he believes to be true, but should let success in curing disease be the unerring means which shall ingraft the idea alike upon the minds of the profession and the people: in other words, let the first object be Truth and Science, and then exalt the Right, though every ism fall.

"But," says some one, "how are we to tell Truth from Error? How distinguish Theory from Science?" In reply, allow me to suggest that we never differ or dispute about what will be the result of two multiplied by two; we all agree it will be four.

Or, if we take five from ten we know that five will remain. And why? Simply because we can demonstrate the truth of both propositions beyond the shadow of a doubt. Hence, we need no law, no compulsion, to force men to believe, and adopt, a manifest scientific truth. It demonstrates itself. And so let all thoughts, all ideas, all theories, all systems stand upon their merits. If you have a thought, an idea, present it to the world. Though you can demonstrate it clearly to your own mind, it may not be so clear to others; but if you can make it so clear that all doubt vanishes, you need not fear for its adoption.

The time has come, or is fast coming, when Speculation must give way to Fact; when fine-spun theories of medicinal or therapeutic action of medicines must succumb to actual effects. Already the people begin to ask: "Doctor, what is the matter? Where is the seat of the trouble located? What tissues are affected, and how?" To tell a man that his heart is affected, now, is not enough. He wants to know in what part, and how. Is it Pericarditis, Carditis, or Endocarditis? Is there Enlargement, Dropsy, Aneurism, or Induration? Or, is the trouble located in the valves of the heart? Is it the bicuspid or tricuspid valves that are affected, and how? A man wants to know. If he be told that his lungs are affected, he is anxious to find out if it is Pleuritis, Pneumonitis, or Bronchitis, or what it is; and an intelligent patient will not rest until satisfied.

And this is well, because it urges the physician to renewed exertions. It is a strong incentive to keener observation and to more thorough investigation. It stimulates him to delve still deeper into the mysteries and intricacies of Nature; to understand more fully the workings of her immutable laws, and their application in the practice of medicine. All this he owes to himself, to the people, to the profession, and to Science. But while he is investigating, while he is searching for new lights that are to attract man by their gentle glimmer as they shine across his pathway, or startle and astonish by their brilliancy in outshining the accepted lights of the past, just as the electric light outshines the penny-dip, he must not forget that, as the penny candle had its day, and was an improvement on its predecessors, and must now give way to the more brilliant electric light, it was still in its natural order or in the progression of things.

So with our investigations, our researches, our inventions, our discoveries, our appliances. They may answer the purpose now,

and may seem perfect to us, but when examined in the light of future generations, many of them will no doubt seem as insignificant as many theories, discoveries, and appliances of the past appear to us. Hence the absurdity of being too positive. It will not do to close our eyes and ears to Reason and to Common Sense, condemning the thoughts, the ideas, and the opinions of others, while endeavoring to enforce the adoption of certain theories or lines of practice that cannot even be demonstrated as verity. Above all, we should resolutely oppose pernicious legislation. We learn of the passage of laws which would disgrace even an absolute Monarchy. How much more are they to be avoided in a country whose government is founded on the "inalienable rights of life, liberty, and the pursuit of happiness," freedom of thought and expression—a country in which a man has a right of trial by a jury of his peers; to be punished when he has been found guilty of a crime, and not to be punished for fear he might possibly do something that some one else presumes to be wrong. And yet of such a nature are some of the laws of our various States! Even in our own State a bill has been recently presented, providing for a Board of State Examiners, ignoring entirely the Eclectic practice of medicine, and Eclectic practitioners, recognizing two schools of Medicine only, viz, the Regular (Allopathic) and Homœopathic. The bill provides for a board to be composed of seven members, five Allopathic and two Homœopathic—five to constitute a quorum to transact any business.

What magnanimity! All physicians must appear before a board of examiners, a majoriiy of whom must always be Allopathic, whose officers would most probably be from the same school, naturally biased, or prejudiced in favor of Allopathic theories and ideas, to be examined in what, and for what? To see if his ideas of medical practice tally with Allopathic ideas! If so, he can be allowed to practice; if not—woe unto him—he is pronounced a Quack!

Away with such laws! It was the application of such ideas that produced and upheld the Inquisition; that consigned a Servatus to the stake; that burned innocent women and children because they could not believe and adopt a lie; that compelled a Gallileo to publicly confess, and as scientific truth proclaim, that which he knew to be the reverse. It is such ideas and such laws that have, in all ages, clogged the wheels of Progress. It is such

ideas and laws which, if enforced, will establish a Medical Inquisition in the nineteenth century, even in this land of boasted Freedom!

In conclusion: What is our duty as Eclectics—i. e. Scientific Physicians—in relation to this state of things?

First. It is our duty to be on the alert, and prevent, if possible, the passage of all class legislation, of all laws whereby a few are to be benefitted at the expense of the many, as unconstitutional and undemocratic. And all laws thus far enacted regulating the Practice of Medicine and Surgery are of that nature.

Second. It is our duty to advance the cause of Science in all possible ways, but to attempt to bolster up and enforce a scientific system by legislative enactments savors too much of arbitrary force.

Third. It is our duty to treat disease according to the very best method known, of which the physician must be the judge. Until Medicine becomes an absolute science, any other way may result in the adoption and enforcement of false theories and pernicious practices, just as the practices of inoculation, vaccination, blood-letting, etc., have been adopted and endorsed in the past by the most learned scientific societies of the world, and yet to-day in Europe a law exists to punish any one who inoculates another with small-pox!

That general blood-letting is injurious, no physician of to-day, in his sober senses, will deny; and yet, fifty years ago, the man who dared to oppose it was considered fit for the insane asylum.

Finally, as to a code of Medical Ethics. We certainly need one; and let it be short and to the point, so that it will be easily remembered, and as easily understood. It might read thus:

> "Love Truth. Do Good. Be Just and Fair to all;
> Exalt the Right though every ism fall!"

The State Board of Health bill, recently passed by the legislature of Pennsylvania, was presented by Dr. L. P. O'Neale, of Mechanicsburgh, which was read by the secretary, and, after being discussed by Dr. L. P. O'Neale and Dr. J. R. Borland, the further consideration was postponed to the evening session.

The following were elected delegates to the National Eclectic Medical Association, to meet at Altoona, Pa., June 17, 1885, viz:

William Rauch, M. D., Somerset, Pa.

William S. Mott, M. D., Wallaceton, Pa.

A. Yeagley, M. D., Johnstown, Pa.
J. L. Proper, M. D., Titusville, Pa.
A. R. McCormick, M. D., Taylorsville, Pa.
H. Liebert, M. D., Philadelphia, Pa.
P. J. Slauffer, M. D., Connellsville, Pa.
W. R. Wilson, M. D., Mount Pleasant, Pa.
J. H. Raymond, M. D., East Branch, Pa.
J. C. Feather, M. D., Sandy Lake, Pa.
W. S. Glenn, M. D., State College, Pa.
W. C. Coburn, M. D., Tionesta, Pa.

On motion, a recess was taken until 7½ p. m.

EVENING SESSION.

The meeting was called to order by acting president, William Darmon, M. D.

On motion, Prof. Alexander Wilder, M. D., secretary of the National Association, was invited to install the officers for the ensuing year. Professor Wilder then installed the officers, with appropriate instruction of each officer in relation to the duties of his office. The officers installed were as follows:

President—Lemon T. Beam, M. D.
First Vice-President—W. P. Biles, M. D.
Second Vice-President—George E. Potter, M. D.
Recording Secretary—William Hargreaves, M. D.
Corresponding Secretary—H. F. Beam, M. D.
Treasurer—H. B. Piper, M. D.
Consulting Surgeon—A. Yeagley, M. D.

The officers being installed, the president, L. T. Beam, M.D., delivered the following inaugural address, which he had hurriedly prepared during the recess between the afternoon and the evening sessions:

INAUGURAL ADDRESS.

GENTLEMEN: I thank you with heartfelt sincerity for this evidence of your confidence, and for the honor you have conferred on me in choosing me to preside over your deliberations. In case I shall fall short of your expectations in discharging the duties devolving upon me, let me crave your indulgence. As a brotherhood co-operating in the one great object—the prevention, mitigation, and cure of disease—let me ask you to kindly bear with and give me your support.

Allow me to express the hope that, in our deliberations, each

and all may be influenced by feelings of kindness, sympathy, and harmony, and that whatever we may do or say it may be strictly in accord with our professions as Eclectics, of liberality, justice, and equality.

We should be careful as to what we do or say, if we are to have influence with the profession or the public. It must be admitted that this organization does not make the impression on either the profession or the public it should do. This is due, mainly, to the want of a more complete organization by Medical Societies in towns, cities, counties, and districts. We have but four auxiliary societies, while there should be one in every large town or city in the State. Public sentiment needs educating. Every doctor needs the support and advice of his brethren. Let the members of this Society use their influence to organize the profession in every city, town, and district where societies does not have an existence. All good men will find it to their advantage to become members, and the bad will feel its beneficial influence. Public sentiment, and respect for Eclectic medicine, will be elevated by the works, example, and behavior of its advocates thus associated together. In short, to bring up the public to a proper appreciation of the advantages and distinctive features of Eclectic medicine, we must unite, and show that we hold a position in no way inferior to our adversaries.

This Association embodies, and is the representative in this State of, a principle, viz: *The individual right of the Physician to exercise judgment and opinion in the freest manner possible.* This should attract to its membership every independent practitioner in the State. It does not seek to enforce arbitrary ethical rules. It does not attempt dictation upon questions that each member of our calling should be left free to decide for himself. It does not aim to reconcile diversities, but allows differences and distinctions to exist, and opinions and natural activities to have free competition. It has no provisions excluding legally qualified persons from membership, simply because of differences of opinions or doctrines. Its code of ethics is the golden aphorism, "Whatsoever things ye would that men should do to you, do ye even so to them."

The future of the American Eclectic movement depends upon its ethical inspiration, or nobility of purpose. It was a revolt of the moral sense against the debasing selfishness and bigotry of the Old School of Medicine. Its ethical ideas advanced its fol-

lowers to a higher plane, and gave them nobler conceptions of duty, and will, if still observed, continue to keep them far in advance of the proscriptive spirit which dominates the Old School or "Regular" Medical Association. But it is to be feared that the ethical inspiration and enthusiasm which gave power and distinction to its followers at its inception have grown cold and feeble. As a result, the difference between the *old* idea of a standard system of rules or "code" to which every one must conform or else be excluded or expelled from professional association, and the *new* is becoming less conspicuous as the years roll by.

American Eclecticism, which has been emancipating the medical profession from the bondage of creedal and dogmatic authority, is based mainly on the *American principle of Freedom.* Medical freedom is exclusively an American idea. There are but *two* schools of medical ethics—the American, which recognizes the right and duty of every physician to judge for himself, and the European system, which compels them to recognize a standard authority, to disregard which renders them liable to censure and ostracism. "The Eclectic system of medicine has wrought a decided revolution, and presents an essentially new system of practice, which may justly be styled the American system, as it has arisen from the labors of American physicians, and stands opposed in its details to the European system, which has been transplanted to this country, and which occupies our colleges with all its pedantic learning, its meager resources, and its bigoted intolerance." [From the Faculty address to the public, in 1849, of the parent school of Eclecticism, the Eclectic Medical Institute, Cincinnati, Ohio.]

Adherents of the old or European system of medicine have, of late years, assumed the name "REGULAR," and, in accordance with its code of ethics, persistently refuse professional recognition to all physicians who do not comply with its arbitrary and exclusive rules, and are persistent in their misrepresentations concerning the position of all who adopt the American Eclectic system of medicine.

All efforts to harmonize the conflicting schools of medicine have thus far proven a failure. The tenacity with which they cling to exclusive dogmas and names hinders fraternization. If all medical men would be satisfied with the simple but noble term, "Physician," which is really the highest that can be applied to a medical man, and, in vindication of mental freedom,

mutually agree to do away with all "resolutions" and code-clauses that interferes with the exercise of the most perfect liberty of individual action and practice, then all could work together as one body; but, unless we do agree to this fraternal union, the physician will still be compelled to choose or elect with what particular school he may act, as there will still continue the several organizations in the medical profession. However, he is none the less a physician on account of the organization with which he may affiliate. The medical man who assumes the arrogant designation of *Regular* or the more fancy one of Homœopathic, in preference to what we consider the more comprehensive one—that of Eclectic—cannot justly claim *par excellence* as a physician.

The appellation, Allopathic, as applied to Old School physicians in years past, and by which title they were proud to be designated (as can well be remembered by the older members present), has been in later years repudiated by them, and a strenuous effort made to replace it by the use of the term "Regular." The questions, then, arise: What constitutes a regular physician? Who are regulars? These are points in which we, as members of one of the several recognized schools of medicine, are directly interested.

A physician may be considered a regular Allopathist, a regular Homœopathist, or a regular Eclectic, etc., provided he is steady or uniform in his conduct and practice, conforming to the established usages of his school. On the other hand, a physician may be considered an irregular practitioner whenever he deviates from the established usages of his school. Whether the arrogant and supercilious attempt of *one* of the medical schools to monopolize and popularize a name, to which graduates of all legally chartered medical colleges of either of the schools are equally entitled, will be either to their credit or a success remains for the future to determine. That the self-styled "regulars" are strenuous in their efforts to educate the public to regard all physicians outside of their ranks as "irregulars," "quacks," "exclusives," etc., we do not know "for a fact." While they continue to brand us with these foul epithets, it will require us to "teach the people," therefore, that, as a distinctive title, while there are differing schools of medical practice recognized by law, the term *regular*, as applied to a physician (unless used to specify his relation to or standing with his school, which is its only legit-

imate use in this connection), is a misnomer. While we thus deny the legitimacy of the term as used by our adversaries, as Eclectic physicians we understand each other when we use the term Allopathic. We do not use it as a stigma or reproach. In this we claim to be more generous than they, since they mean both when they use the epithet "irregular" against us. In order to avoid any unjust imputations, we would respectfully ask the avowed exponent of their principles to define their position. This they owe to themselves, to the profession, and to the public. If the term Allopathy has become too restricted to represent the line of their practice, and they desire a more rational and comprehensive name, it is certainly right and proper to drop their ancient designation. And now, since they have ignored and disavowed the name, they might save much reproach, and do themselves an honor, the profession and the public a service, by defining *what they are!* They must define, or lose caste.

To Eclectics everywhere I would say, Let us labor to maintain our organizations, both State and National. Let us indoctrinate the people, who are ripe for the change, with the distinctive features of our medical ethics and practice.

If ever this State society departs from the broad platform upon which it was founded, in imitation of regular medicine in ethical matters, it should die. Why? Simply because there would be no use, or excuse, for its further existence. This we do not fear, if every member will do his whole duty; make an effort, and some sacrifice if needs be, to attend its meetings, and influence others to join in the great work. By association, we imbibe the higher and purer spirit of our noble cause; gain broader views of its objects, its extent, and its importance. By thus meeting together, we drop, for the time, vexations and business rivalries at home, and here combine business with pleasure and instruction. We cannot but return thither with a stronger will, a stouter heart, to augment successes, overcome reverses, and a deeper sympathy with humanity, whose sufferings it is our profession to assuage and destroy.

When Dr. A. B. Woodward vacated this chair, he said that, if Electricism was to be a success in this State its followers must not only do their part well, as practitioners at the bedside of the sick, but also that they must be more active, by co-operation in this and the auxiliary societies, in devising ways and means for promulgating its principles and objects among the people. The idea

he advanced, that we should labor to indoctrinate the more intelligent and influential class in every community with the ethics and achievements of Eclectic medicine, I again heartily commend to your notice. The disposition of the "regulars" to crush us and to secure laws interfering with freedom in practice, is as strong to-day as it was in earlier years, and demands as stubborn fighting. Half-hearted measures will not answer in the battle for Freedom in Medicine. Do we desire to teach the community wherein Eclectic medicine is better than "Regular"? Then, we must not forget the injunction: "KEEP IT BEFORE THE PEOPLE." The people are sure to be attracted to our system of practice, because of its simple methods, it common sense ethics and doctrines, and, above all, by its greater success in curing disease. The demonstrations and successes attending every well qualified Eclectic, wherever located, are convincing and conclusive as to the superiority of the New over the Old School in medicine. But the sphere of their activity should not be confined to *the bedside*. To success in practice should be added the stimuli of ambition, of professional pride, until they shall compel honorable and just recognition in legislative halls from their competitors.

If each and all do their duty, as intimated, our State society will become much more efficient in its work, the membership will be greatly increased, and its influence over the entire State will be greatly enhanced. Then we shall become a power, a factor in society and politics, and, what is better still, more useful. To the practitioners, a State or district medical society offers special inducements. Especially is this the case here in this State, where we do not have college "cliques" and "rings" to obtrude their conflicting claims into our meetings and to waste time over subjects foreign and distracting. I do not say this in disparagement of our National Association. I would say, however, that our National Association should consider the interests of the practitioner as being equal, if not superior, to that of any other class in our ranks; furthermore, it is essential that it does this, if it is to maintain the Eclectic school. Moreover, if we are to live and thrive as a School of Medicine, the National organization must be kept up. The neglect of National and general alliance has caused the disintegration and downfall of very important movement in the past. "Axes to grind" should be given the cold shoulder by all our associations. Neither the dis-

trict, State, or National Associations should give encouragement to those who seek to employ them as agents whereby they may gain interested or private ends. In our ranks no man's *dictum* should go further than his moral and personal influence; we should acknowledge no authority but the Right.

In conclusion, gentlemen, let the prevailing sentiment of every member be: We have no friends to reward, no enemies to punish—nobody to favor, nobody to crush!

We are enlisted for a cause—to sustain personal rights, freedom in practice, and everything that makes for justice, enlightenment, fraternity, and advanced medicine—as no-man's men, but as maintainers of a Right and Principle.

On motion, a vote of thanks of the Association was extended to Dr. William Darmon, First Vice-President, on his retiring from office, for the able manner he had performed the duties of President in the absence of the regular president, J. M. Bunn, which was carried unanimously by a rising vote.

On motion, Dr. Evans, of Altoona, was invited to a seat in the meetings of the Association.

Dr. J. R. Borland read an Act which was presented to the Legislature, which was ordered to be filed.

Dr. J. R. Borland then made a verbal report of the condition of Auxillary No. 2, which was stated to be in a medium condition, and had a full average attendance at its meeting, and concluded by recommending that Eclectic Physicians should give more attention to surgery.

Dr. A. B. Wood was called upon to report, who stated that there was need of a new Theory and Practice of Medicine, as we had outgrown the practice of the past.

Dr. J. R. Borland called the attention of the Association to the Philadelphia University of Medicine and Surgery, and called upon the Secretary of the Association to give some account of that institution, when Dr. Hargreaves made a statement of the unjust persecution and attacks on that College, and read the conclusion of the Quo Warranto, which was as follows:

PHILADELPHIA UNIVERSITY OF MEDICINE AND SURGERY.

The subjoined statement is deemed necessary as attempts have been made to misrepresent the facts in relation to the following decree:

HON. H. F. CARROLL BREWSTER.

My Dear Sir:

Please be so kind as to furnish me with the facts connected with the settlement of the Quo Warranto, and oblige,

Yours, very respectfully,

W. J. P. INGRAHAM.

LAW OFFICES OF F. CARROLL BREWSTER,
No. 214 West Washington Square, Philad'a.
March 17, 1881.

W. J. P. INGRAHAM, ESQ.

My Dear Sir--In compliance with your request to give you the facts connected with the settlement of the Quo Warranto (Com. *ex rel.* the Attorney General *vs.* Ingraham *et al.*), I furnish the following

STATEMENT.

The case was on list for Argument before the Court of Common Pleas No. 3, March 14, 1881.

The Attorney General had not demurred to your Answer, nor had he taken issue upon any facts therein averred. It seemed, therefore, certain that if the case were argued upon the Answer, the judgment must be in your favor.

But, upon going to court, your counsel were informed that it was the purpose of the Commonwealth to argue the case upon a technical point which had been presented before the filing of the last answer, and which, in my opinion, had been swept away by the amendment.

It was suggested to your attorneys that the State only desired that the charter should be surrendered as of that date, leaving your past acts under the corporate powers entirely unquestioned. I understood that some time since you had concluded not to carry on the University. It never had been and never could be any source of pecuniary profit to honorable men, and your time, as I was advised, was so fully occupied with private business that you had found it impossible to give the College proper attention. For this reason, you had finally resolved that, as soon as this suit was honorably concluded by a decree in your favor, you would cease to have any further connection with the corporation.

Knowing of this determination, I was disposed to recommend your acceptance of the Commonwealth's offer. It saved you all loss of time—all expense of further litigation, and fully vindicated your reputation.

I found, however, that you and your colleague were averse to accepting the offer. You feared—as the result has proved—that you would be misunderstood, and that some would not scruple to exult over the result as a victory upon the merits.

It was not until after the opening of the Court on Tuesday, that you finally consented to adopt the advice of your attorneys.

One of your colleagues insisted upon the introduction of the clause which ratified the diplomas, stating that you had felt in all this protracted struggle an earnest desire to protect your graduates, and that under no circumstances could you consent to any settlement which would by a hair's breadth affect their legal rights.

The Attorney General's deputy consented to the addition as it now appears, and thus without the imposition upon you of any costs—with an acceptance by the State of your protest that you were in law the corporation, and that you had never by act of omission impaired your franchise, and with the further recognition by the Commonwealth of all diplomas granted under your charter, and the express validation of all your past acts; this, too, in open court. The case was closed. You surrendered nothing but the vain and empty right to manage a literary institution.

Very respectfully,

F. CARROLL BREWSTER.

We hereby endorse all that Judge Brewstea has said in the foregoing letter, in reference to the facts connected with the settlement of the above case.

J. H. SHAKESPEARE.
JAS. H. HEVERIN.

IN THE COURT OF COMMON PLEAS NO. 3.
FOR THE COUNTY OF PHILADEPHIA.

IN THE MATTER OF Commonwealth of Pennsylvania ex relatione the Atorney General, *vs.* INGRAHAM *et al.*	614. June T. 1880.

Be it remembered, That at a Court of Common Pleas No. 3, for the County of Philadelphia, held on Tuesday, March 15, 1881, the following paper writing matter was presented to the Court, and was ordered to be filed as the Decree of the Court in the said cause:

Commonwealth of Pennsylvania ex relatione the Attorney General *vs.* Ingraham *et al.*	No. 614. June T. 1880.

And now, March 15, 1882, the Defendants served (other than the Defendants Orvis and Bennett) protesting and defending

that they are the Corporation named in the said Answer, and further defending that they have not done or suffered to be done any act, matter or thing whereby a forfeiture of their said corporate rights could be declared, and that they have not been guilty of any omission which could justify a Quo Warranto against them; for further answer by leave of the Court say that they disclaim any intention in the future to exercise any corporate rights, and that they consent that a decree of ouster may be entered as of this date without costs—the Commonwealth expressly recognizing all Diplomas granted in accordance with the terms of said Charter, and validating all past acts—the Decree prohibiting only the exercise of any future corporate act.

W. P. J. INGRAHAM,
WM. HARGREAVES,
WM. DARMON,
JOHN KAYE, JR.,
WM. MAJOR, and
THOS. B. MILLER, per
W. J. P. INGRAHAM.

And the Commonwealth, by the Attorney General, hereby accepts the aforesaid disclaimer and decree.

J. HOWARD GENDELL,
For the Attorney General.

March 15, 1881.

I certify that a paper containing the words as above set forth and contained, was duly presented to the Court of Common Pleas held on Tuesday, the fifteenth day of March, A. D. 1881, and that thereupon the said Court ordered and directed that said paper writing, which was endorsed "Answer and Decree," be filed of Record as the Decree of the Court in the said cause.

L.S. In testimony whereof, I have hereunto set my hand and affixed the seal of the said Court of Common Pleas of Philadelphia county, this sixteenth day of March, A. D. 1881.

JAMES PENN MACLAIN,
For WM. B. MANN,
Prothonotary.

On motion, the following was adopted:

Resolved, That the Trustees be desired to obtain the Charter of the Philadelphia University of Medicine and Surgery, and

deposited in the archieves of the Eclectic Medical Association of Pennsylvania.

On motion, the Secretary was instructed to prepare a statement of the Philadelphia University, and to present it to the National Society that meets at Altoona, June 17th.

Dr. J. R. Borland then called the attention of the Association to the usefulness of the vapor of the Cresolene Lamp and recommended its use for throat affections.

Dr. L. T. Beam read and presented a paper entitled, "The Tobacco Question," which, on motion, was referred to the Publication Committee.

Dr. L. T. Beam also presented a paper on Usticaria, or Nettle Rash, when, on motion, its reading was postponed until Wednesday morning.

The President appointed the censors for ensuing year as follows: Drs. Wm. Harshberger, W. H. Blake, F. W. Hartley, B. L. Yeagley, P. J. Stauffer, D. E. De Ross and J. R. Borland.

A recess was then taken until 8 a. m., Wednesday, June 17

WEDNESDAY, June, 17.

MORNING SESSION.

The Association was called to order by the President, L. T. Beam, at 8.30, a. m.

The name of William C. Corburn, M. D., of Tionesta, Pa., was presented for membership and referred to the Censors, who reported him worthy, when he was duly elected a member of the Association.

The Board of Health bill of the State was taken up and discussed by Drs. L. P. O'Neale, Yelvington, A. B. Woodward, when Dr. O'Neale offered the following:

Resolved, That, for the protection of the members of the Eclectic Medical Association of Pennsylvania, a sinking fund shall be established to employ an attorney at law, located at Harrisburg, to whom shall be sent a copy of the Act known as the State Board of Health, with a list of members of the State Association, and of the auxillary associations, and also a copy of the Charter of the State Association.

Dr. J. R. Borland offered the following amendment, which was accepted, viz.:

That the Publication Committee of the Eclectic Medical Association be empowered to meet and answer any circular,

or pamphlet sent out by the enemy; which was adopted unanimously.

On motion, the Secretary was instructed to have re-printed the State Board of Health Bill passed by the legislature of Pennsylvania at its last session, and send a copy to each member of the Association.

Dr. J. B. Borland introduced the subject of a Medical Journal and was followed by Dr. H. B. Piper, who spoke of the difficulties of running the Keystone Medical Journal, and referred to the aid he had received and urged the publication of the Keystone Medical Journal. He was followed by Dr. A. B. Woodward, who spoke of the necessity of publishing the Journal.

Dr. J. R. Borland moved that a committee from No. 4, to consist of Drs. W. H. Blake, Darmon, and Wm. Hargreaves, who shall endeavor to arrange for the publication of the Key stone Medical Journal in the City of Philadelphia. Adopted.

The Publication Committee was appointed, consisting of Drs. W. H. Blake, D. E. De Ross, A. B. Woodward, H. B. Piper, J. R. Borland, L. T. Beam, and L. P. O'Neale.

Donations were taken up to pay expenses of the National Society, when Prof. Byron Clark, of Washington, donated $5, and L. P. O'Neale $2, and other members subscribed various sums that were not noted by the Secretary.

On motion, the Secretary, Wm. Hargreaves, was instructed to have certificates printed, and to have an electrotype plate of the same made for the future use of the Association, and to send order to the Treasurer to pay for the same, and also to have the proceedings of the meeting printed and send bill to Treasurer.

The place of next meeting was now considered, and Tyrone, Franklin and Philadelphia were nominated. When the vote was taken, Philadelphia was elected as the place to hold the next annual meeting.

The thanks of the Association was passed unanimously to the Superintendent of the Logan House, and his efficient corps of assistants for the elegant manner in which they had been entertained; also, to the press of the city and their representatives, for their uniform kindness in furnishing complete reports of the proceedings.

EVENING SESSION.

The Association was called to order in the East Parlor of the Logan House, at 8.30, by the Vice-President, Dr. G. E. Potter,

when, on motion, Dr. S. T. Biggers, of Atlanta, Ga., and Prof. W. M. Durham, were elected honorary members of this Association.

The Committee on Legislation is as follows:

L. P. O'Neale, M.D., Mechanicsburg, Pa.
Wm. Hargreaves, Philadelphia, Pa.
H. B. Piper, M.D., Tyrone, Pa.
I. St. Clair, M.D., Franklin, Pa.
J. R. Borland, M.D., Franklin, Pa.
S. S. Brecht, M.D., Old Line, Lancaster county, Pa.
W. H. Blake, M.D., Philadelphia, Pa.
G. D. Kughler, M.D., Greenville, Pa.
J. M. Mulholand, M.D., Pittston, Pa.

On motion, the Association resolved itself into a committee of whole to take into consideration the establishment of a College in the State.

The subject of establishing a College was discussed by Drs. Yelvington, H. B. Piper, Wm. Darmon, and J. R. Borland, when Dr. H. B. Piper offered the following resolution, which was adopted, viz.: That Drs. Darmon, Blake and Liebert be added to the Board of Directors of the State Eclectic Medical Association, and that they enquire into the feasibility of the establishment of a Medical College in this State. The resolution was unanimously adopted.

The Board of Directors elected for ensuing year are as follows:

D. A. Arters, M.D., Greensburg, Pa.
B. L. Yeagley, M.D., Johnstown, Pa.
J. M. Louther, M.D., Somerset, Pa.
A. B. Woodward, M.D., Tunkhannock, Pa.
A. D. Brundage, M.D.
J. W. Dennison, M.D.
Wm. Hargreaves, M.D., Philadelphia, Pa.
J. Kay, M.D., Philadelphia, Pa.
W. P. Biles, M.D., Union City, Pa.
J. H. Hazen, M.D., Dempsey Town, Pa.
J. R. Borland, M.D., Franklin, Pa.
Wm. Darmon, M.D., Philadelphia, Pa.
W. H. Blake, M.D., Philadelphia, Pa.
H. Liebert, M.D., Philadelphia, Pa.

On motion, Dr. Henry Yeagley was elected a member of the Association.

The thanks of the Association was tendered to No. 4 for the generous offer to entertain the members attending the next annual meeting at Philadelphia.

The members of the Association were, by Dr. Munn, invited to attend to next annual meeting of the State Society of Connecticut, at New Haven, on the second Tuesday in May, 1886.

The Association adjourned to meet at the call of the Executive Committee in Philadelphia, June, 1886.

WM. HARGREAVES, M.D.,
Recording Secretary.

URTICARIA—ITS ETIOLOGY AND PATHOLOGY.*

BY LEMON T. BEAM, M.D., JOHNSTOWN, PA.

Although urticaria is apparently a simple affection, and in its acute forms ordinarily self-limited or readily overcome by simple measures, yet it presents, in some cases, an extraordinary obstinate character, and becomes a real torment of existence. The literature of the subject is quite scant; we find but a brief reference to it in our text-books, and the information furnished on the subject is, to say the least of it, extremely unsatisfactory.

DEFINITION AND DESCRIPTION.

Urticaria is usually characterized by an eruption on the skin like that produced by the sting of the nettle. Therefore the name, *urtica*, a nettle.

In its *acute* forms it is easily recognized by the sudden development of "pomphi" or elevations called *wheals*, accompanied with heat and prurites. The elevations vary greatly in size, in quantity, in shape and in color. As a rule, they appear first as red splotches, which increase in size, becoming white in the center, with red margins. They may last but for a few minutes, or persist for a few hours, and even for a day or two. No part of the body is exempt from them; and where many of them rise together and continue an hour or two, the parts are often considerably swollen, which particularly happens in the arms, face and hands. They usually begin on the wrists and neck. In some cases they may appear and disappear several times in a day. The itching is intolerable, and wherever the skin is touched, in rubbing and scratching, new *wheals* appear. Some-

*Read before the Eclectic Medical Society of Pennsylvania, at Altoona, June 16th, 1885.

times they appear in long bands (u. gyrata), and the surface presents the appearance as if the patient had been whelked.

VARIETIES.

Several forms are recognized. Acute urticaria is of two kinds. In one (urticaria febrilis), the appearance of the rash is preceded for to or three days by feverishness; in the other (urticaria abingestis), the eruption occurs within an hour or two after ingestion of some offending substance.

Urticaria conferta and *urticaria perstans* are chronic varieties, in which the wheals are abundant, but limited to one or two localities and continue without changing for some weeks. Urticaria tuberosa is rarely seen; in it the wheals are of a larger size than in the others. Urticaria miliaris, urticaria vesicularis, urticaria bullosa, urticaria papulosa, and so on indefinitely, are described and so-called by dermatologists, because vesicles, papules or bullæ, etc., form on the surface of the wheal.

PATHOLOGY.

In no other cutaneous affection, unless it be psoriasis, is there the same uniformity of course and history, although, if we were to take into consideration the many varieties described by certain authors, the practitioner might indeed consider it difficult of recognition.

The writer would here note the folly, though fashionable with leading dermatologists, of dividing one simple disease into many varieties, according to the particular form it may assume at various stages of its progress. It is the chief cause of the imaginary difficulties, which surround the study of this important branch of medicine, and only gives rise to confusion. Each new writer seems to think it his duty to invent names for seemingly new varieties, instead of directing his efforts where they are mostly needed, towards advance in etiology and treatment, apparently forgetful of the great truth that perfection in all classification is simplicity. It would be quite as sensible to take a photographic picture of every individual case of skin disease and label it according to the surname of the patient, as a distinct variety, as to make use of the system of nomenclature in vogue. There were never two cases of urticaria exactly alike, and in every case we may find several of the appearances present at the same time, which have been described as separate varieties, or else succeeding each other, so that we neither know which of

the names are most appropriate, nor but that our choice to-day may be a misnomer to-morrow.

In relation to the pathology of urticaria, the hyperæsthetic condition of the cutaneous nerves place it at once as a disease of nervous origin. True, urticaria may be classified as a neurosis. As the principal sensory surface, the skin may be expected to come in for its full share of nerve disorders. I believe that in this disease the hyperæsthesia is the mediate or predisposing cause, and not, as generally held, the consequence of the eruption.

As to the proximate causes, as we shall note further on, all sorts of things give rise to the eruption in predisposed persons, each being especially sensitive to some particular substance. One form—lichen urticatus—is produced by conditions eminently exciting, and, yet exhaustive of nervous power. The very marked influence of friction or any source of heat as the chief excitor of these eruptions is quite accordant with the genius of nerve disorder. A warm bed will excite the severe itching and thus render it a grevious infliction by destroying the patient's rest. The elevated temperature in this instance is no doubt the chief or sole cause, acting on nervous tissue as it so commonly does in the way of enfeebling power and increasing excitability. The influence seems to me a very significant fact with regard to the essential nature of the disorder.

The diffuse inflammatory redness of the skin, which is marked in some instances, and attended even with swelling, must be considered as an indication of vaso-motor nerve paresis. It is not a simple hyperæmic condition. The characteristic pale, wheal-like elevations are the result of a cutaneous spasm, contracting the tissue into knots or "bumps." The spasm is certainly not dependent upon hyperæmia, as in urticaria evanida it occurs without any. We thus get in this malady three different pathological changes resulting from the operation of the same cause, viz.: spasm of contractile tissue in certain parts, paralysis in others, and a state of hyperæsthesia of sensory nerves. Hence, urticaria, by the nature of its phenomena, fully asserts its title to be regarded as a neurosis. It is very instructive to note these various phenomena developed on the outer skin in some cases, intimating to us what may occur in others on internal and concealed surfaces. Like most neuroses, urticaria may be produced by remote irritation, seated, it may be, in the intestines, in the bronchial membranes, in the female sexual organs, or elsewhere.

ETIOLOGY.

While urticaria is a very common disease in some sections and at certain seasons, its etiology is by no means clear. In so far as the skin is concerned, I am satisfied that it (the skin) bears about the same relation to the source of the disease, as does the crater to the volcanic eruption. The importance of a careful study of the etiology of disease can scarcely be overestimated at this day. It cannot be too often reiterated that the important point is to ascertain the nature of the affection, that is, the cause on which it depends. By such knowledge a great deal may be accomplished in the way of prevention; and in treatment infinitely better results are obtained, when we direct our attention to the causal indications, than when we hastily administer supposed remedies to meet what seems to be urgent symptoms of disease.

In a large majority of cases the urticarial eruption seems to be attributable to errors of diet; but in many persons it arises without any apparent cause. In the latter instance, it will be found the more stubborn. In some individuals, it would appear, a condition of skin exists which may fairly be considered to result from an urticarial diathesis. My special field of observation and professional work (the study and treatment of chronic or lingering and obscure diseases, by preference), may have brought to my notice more than an ordinary run of such cases; however, the more carefully I have studied the question, the more I have been impressed with the idea that urticaria, as ordinary met with, is to be regarded rather as a reflex affection than as a definite skin disease. A gouty or rheumatic habit predisposes to this affection.

The more direct exciting causes are high living and intemperance, associated with overexertion of either mind or body, and loss of sleep; the excessive use of tea or coffee; dentition; irregularities of menstruation; the presence of parasites in the alimentary canal; the use of certain aliments, e. g. lobsters, oysters, smoked or salted fish, honey, strawberries, eggs, etc.

The relation between urticaria and indigestion is well illustrated by a report (in April No. 1885, of the Med. and Surg. Reporter) made by Dr. Banham, of a case of urticaria occurring in a woman, aged 25, which had recurred almost daily for two years past, and which had been accompanied frequently with dysphagia to such a degree that swallowing was often found impossi-

ble, and the attempt induced such serious attacks of choking that those around were greatly alarmed. The patient had never shown any indications of hysteria. Dr. Banham gave her a course of treatment for the dyspepsia, which resulted in a cure, as within a reasonable time the attacks of urticaria subsided, as well as the dysphagia. He thought it not impossible that the difficulties of swallowing had arisen from the mucous membrane of the throat being affected in a manner similar to that of the skin.

VERATRUM VIR., OR AMERICAN HELLEBORE.

BY A. B. WOODWARD, TUNKHANNOCK, PA.

To take up time and space in giving the history and genera of the above named plant would be a waste of time without profit, as every practitioner is supposed to know all about it.

It is supposed by some, at least, that veratrum vir., grown in the western part of New York, North Carolina, and Northern Georgia, possesses the greatest power and gives the most uniform results. However this may be, I am perfectly satisfied with the results of Norwood's preparation of veratrum vir., when given in the right quantity, and at proper intervals. Like all other roots, it should be collected in the fall, and when partially dried, made into tincture with 70% alcohol.

Let it be distinctly understood that I am not advertising Norwood's preparation, because it advertises itself when used properly. Another reason is, I do not get pay for it; and still another reason, some of our leaders of the N. E. M. Society would be after getting me kicked out of the body for so flagrant a crime. I give it the preferance all the same.

I commenced the use of this valuable remedy in 1852, using veratrin con., and by my extreme cautiousness, fearing to kill some one with the, then considered dangerous drug, I catched on to the right dose, and its therapeutic action and value. And from 1853 to the present date, I have not been without the remedy in my cases. In using the term remedy, I wish to be understood, a remedy which the vital force will recognize as being in harmony with its requirements when it needs a tool to use in the repair of the house.

Again, let it be understood, that doctors never cure. The curative power is with the vital force, the medicines or remedies being used by the vital force, if recognized as the right remedy,

whenever required. Veratrum vir. being used by it as a tool to produce

SECRETION AND EXCRETION,

or to restore those functions when deficient. The dose required for this purpose being very small. The vital force has no use for a toxic or sedative effect, and doses to produce such effect should never be given. Such doses heaps upon the vital force, not only the primary disease, but a paralyzed condition upon the nerves controlling the heart and arteries, to overcome, and used as an

ARTERIAL SEDATIVE,

in any condition, by any practitioner, is unwise and deleterious. It cripples the efforts of nature, and renders the convalescence more protracted. Its action is curative only as a diaphoretic, a restorer of secretion and excretion from the blood to the external and internal skin, in the stomach, bowels, lungs, and kidneys. Its action, in producing a determination to the external skin in nature's own way, is the most positive of any known remedy,

Indications for the use of verat. vir. are, a full and accelerated pulse, as though the blood required vent or drainage by the way of the external and internal skin. The function of those organs being suspended, there is self-poisoning, which excites greater action of the heart, which is endeavoring to force those organs to action to relieve the blood of its deleterious load, and, by the way, a check of perspiration commences the worst kind of poisoning at once—self-poisoning—a series of which produces a typhoid condition more surely than any other cause.

Aside from the pulse, another indication for veratrum vir. is a dry tongue, and mucous membranes generally show lack of secretion.

These are sufficient indications. Now for the dose. Say for adults: R. Tr. ver. vir., (Norwood) gtts. vij to xij; aq ⅔ of a goblet. M. Sig. One teaspoonful every half to one hour until it produces a diaphoretic effect, both in the external and internal skins, *which it will do*, and will thus relieve the blood.

For children according to age, &c., from gtts. i to iij; aq., say ⅔ of a goblet. M. Sig. Dose as above.

If the determination is mostly to the lungs, add to the mixture a little sugar to assist as an expectorant.

A CASE IN PRACTICE.

In April, 1885, was called to see Mrs. H., aged 70 years.

The conditions were: a heavy aching in the chest, laborious breathing, some dry cough, pulse full, oppressed and accelerated; tongue dry, and heavily coated with a dry, dirty yellow coat; urine scanty and high colored, bowels constipated; chills.

Had I been in the habit of naming things, my diagnosis would have been typhoid pneumonia, and, everything considered, unfavorable prognosis. The skin corresponding with the tongue and heat of the body, I prescribed: R. (Nor.) tr. ver. vir., gtts. x; aq., ℥j of a goblet. M. S. One Teaspoonful every hour. R. Tr. bell.; tr. nux, aa gtts. x; tr. equisetum hy., ʒiij; aq., ℥j of a goblet. M. S. One teaspoonful every two hours. R. Keith & Co.'s podophyllin, gr. ij; santonine, grs. iij; sugar of milk, ʒi; trit. and M. Div. in chts., xij. S. One powder every twelve hours in syrup.

Called in twenty-four hours and found skin and tongue moist, breathing relieved, urine more free, and all the secretions seemingly restored. Discontinued the bell. and nux., and added a little white sugar to ver. mixture for cough. Bowels moved the second day, and continued soluble, by the aid of one powder a day; continued the ver. and eq. hy.

In fourteen days the patient's tongue had entirely cleaned and patient sitting up.

I give this case to show, as in thousands of other cases, the conditions for the use of ver. vir., and its curative effect in the hands of the vital force in establishing secretion, and especially excretion from the blood, when filled with poisonous matter. It is as sure to establish these functions in the blood as podophyllin is in the liver. They are both *positive remedies* in their action when the vital force has use for them. A word to the wise.

A CASE OF PARAPHIMOSIS.

BY WILLIAM DELAY, M. D., WALESCA, GA.

Was called to a little boy, about six years old, suffering with paraphimosis; had been in that condition for some time, the family trying to relieve the little fellow, all without success. I found the swelling very great. I first took hold of the end, or gland, of the penis with my hand in such a manner as to press it with considerable force, thereby pressing the congested blood back into the veins. I held it in this manner for about three or five minutes, when, to my great pleasure, the congested part was so small

that it was no trouble at all to slip the prepuce down in its proper place.

I don't know that there is anything original in this treatment, but I have not found this mode of operation in any of the works that I have.

CAN CANCER BE CURED?

BY PROF. I. J. M. GOSS, M. D., MARIETTA, GA.

Tubercle is more common than cancer, but cancer is more to be dreaded, and really is more hopeless. It is always an intruder of the gravest import, in any of its forms. It seems to be a peculiar modification of connective tissue. Cancers seem to be heterlogous formations scarcely distinguishable from *Sarcomata* by any very definite generic peculiarities. And cancer, like sarcomata, are in species, but it is like sarcomata only in malignancy of character. *Carcinomata* originate, generally, as local evils apparently, but really are associated with a specific discrasia, which precedes and develops the cancer; and it is not uncommon to see these tumors multiple—being many in one person—especially after the extirpation of a solitary cancer. This species of modified connective tissue shows itself under certain circumstances, and often of a quite puzzling character. It often appears at the junction of the skin and mucous membrane, as on the lip and anus, but many appear elsewhere. It frequently attacks the mammæ, and uterus of females, especially about the change of life. In males, it may be seen in the stomach after death. The chimney-sweeper's cancer attacks chimney-sweepers from the irritation of soot. This diathesis may lurk in the system until a blow or other injury develops the cancer. It often occurs along the lymphatics, and is shown by the secondary glandular enlargement; this is especially the case after mammary cancers.

It seems that the real cancer cells may be detached by the blood-current, and carried along until it is arrested, then be developed into cancer. In this way cancer may appear in various organs, as the lungs and liver. The histological elements of cancer are not neoplasms, not new growths, but are the development of textures, normal in place, or at their own time, but forming, under favorable circumstances, malignant developments—cancer.

A scirrhus tumor, at first, is difficult to distinguish from a cartilage. Colloid cancer, so common in ovarian diseases, is noth-

ing but a sarcode of the umbilical cord. Where the proper diathesis exists, any abnormal growth may degenerate into a cancer, just like inflammatory masses, in certain organisms, may develop into tuberculosis. When these tumors first present themselves, where the surgeon can reach them, it is safest to remove them, either by the knife or with proper caustics. I have seen the removal successful both by the knife and caustics; but, where there is a highly constitutional tendency to this discrasia, and the cancer is one of the mammary gland or the uterus, the hope of success is but distant. In all cases, the discrasia should be removed, if possible, by proper alterative or catalytic remedies. In case they are removed by the knife or caustics, the entire degenerated mass should be removed. In the advanced stage of scirrhus of the mammary gland, there are prolongations, like crab's claws, which, if not well removed, will reproduce the same morbid growth; and, when the lymphatics have become enlarged to a very considerable extent, the disease is apt to return. In very old persons, hard cancers are as well let alone.

The pain that is felt in cancers is usually from the pressure of the hard mass upon the nerve. Scirrhus is generally most painful.

VARIETIES OF CANCER.—The principal varieties of cancer are: *Scirrhus, Medullary, Melanotic, Epithelial, Osteoid, etc.* (For the description of these varieties, see the author's work on Practice.) Scirrhus begins with a hard and, often, painful lump in the part, which finally opens at the top and discharges an ichorous pus, and has elevated edges, with a dark-brown scab in the opening. This form is very fatal.

Epitheloma.—This form may start as a flat infiltration, or as a wart, or other morbid growth. Sometimes the first indication of it is a simple crack, or a little hard, dusky lump, which finally fissures, and is then moist, or covered with a yellowish crust or scab. This gradually increases in size, and finally forms a superficial ulcer, which is usually roundish, and the size of a split pea, at first, and has also sharply defined edges, and secretes a yellowish, viscid fluid. It may exist long before it destroys the health of the subject. It is very common on the lower lip in smokers. *The rodent ulcer appears upon the face.* Lupus resembles epitheloma, but spreads more rapidly, and generally appears upon the nose and face, and is very destructive in its progress.

TREATMENT.—The galvano-caustic has proved successful in

the removal of the local growth, and arsenic appears to antidote the diathesis; or, a paste made as follows may be used, viz: Arsenic, 40 grains; mucilage of gum acacia, 20 grains. Mix, and apply on cloth, and let it remain a few days, then apply an elm poultice, and the dead mass will soon be detached. Then dress with an ointment of hydrastis and glycerin to heal the part. The chromium chloride is a milder caustic, and may be made into a paste with starch or gum, and applied as directed above; then, when the dead mass falls out—which it usually does the seventh or eighth day—the sore may be dressed with the glycerin and hydrastis. Internally, the thuja vc. will be found to greatly lessen the tendency to the return of this disease. Red clover blossoms, *Condurango, and Sepia, all are recommended for this disease. In cancer, or scirrhus of the mammary gland, if the knife is not used before the lymphatics become enlarged, to my experience, it becomes then useless. And here, to improve the patient's health, and to prolong his life, arsenic, 3 to 4 gtts. of the pure alcoholic tincture, three times a day, will prove of priceless value, as it may arrest the growth, and lessen the cancerous growth, especially if the open ulcer is kept filled with powdered hydrastis canadensis, which, of itself, has proved a valuable aid in many cases that I have treated. I have also alternated it, internally, with the arsenic, with fine effect in many cases. Conium is an old remedy, and lessens the pain somewhat.

I have seen some cases of this form, as well as of the epithelial form, improve under the local application of gold (chloride) until the diseased mass was removed; then the $\frac{1}{100}$ of a grain given internally, three times a day, well diluted.

Exterpation with the knife, in the incipiency of large cancerous growths, may prolong life where even the cancer may return years afterwards.

That form called fungus hematodes is not amenable to treatment, and not to the knife, unless it be extirpated in its incipiency. While I am thoroughly convinced that cancer originates from a peculiar cachexia, yet the diet and habits have much to do with its development.

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* See the author's Materia Medica.

TREATMENT OF PUERPERAL ECLAMPSIA.

Many good physicians recommend gelsemium hypodermically, as first proposed by Professor Younkin, of Saint Louis, Mo. Recently, we notice in the Medical Review, an abstract of a thesis by M. Chambert, of Paris, in which the following treatment is advised:

1. A woman presenting the following symptoms: Albuminous urine, edema of the lower limbs, headache, troubles of vision, etc, should be placed on an absolute milk diet. [The physiological value of this strict regimen can hardly be overestimated in these cases, and its continuance should be maintained as long as albuminuria is present.]

2. After convulsions have occurred, the bowels should be cleaned out, and then an injection should be immediately given, containing 90 to 120 grains of chloral, according to the intensity of the convulsions. If the temperature rises, this should be repeated after two hours, and, if the convulsions still persist, the patient should inhale chloroform. The usual formula for injection is: New milk, ℥ iij; yolk of one egg; chloral hydrate, grains 90. [We deem the size of the dose of chloral too large; 40 to 50 grains would be more safe; yet chloral injections by the rectum in puerperal convulsions are potent remedies, and deserve attention. The quantity of the drug given in this way and for this disease necessarily becomes larger than when given by the mouth. Hypodermic injections of gelsemium we regard more valuable and prompt in relieving even the most terrific puerperal convulsions, and is to be preferred even in plethoric patients on whom bleeding is so often practiced by the Allopaths, but not with encouraging success. The combination of tinctures of lobelia seed and gelsemium, 10 to 20 drops of each in an ounce of warm water, thrown up the rectum, and repeated as often as the severity of the case seem to demand, is good practice in plethoric cases, is prompt and conclusive in its action. One of the most terrific cases of puerperal convulsions occurring in a plethoric primapara we ever witnessed was quieted down, and convulsions arrested, by a rectal injection containing a teaspoonful of the combined tinctures of lobelia seed and gelsemium added to 2 ounces of warm water. The after treatment of these cases is of more importance than is commonly given to them. Nothing is of more importance than proper diet; and, as so often remarked in these pages, milk is undoubtedly the best to adopt for some time after

the delivery of the woman. A careful attention to this is of great importance, not only to saving the life of the woman, but in warding off serious disease of the kidneys. As is well known, nearly all these cases of puerperal convulsion are preceded by albuminuria and edema of the extremities and face. Give rest to the kidneys is the best rule, and a milk diet is best adapted to this end.]

AN ECLECTIC FROM THE ALLOPATHIC RANKS FALLS A PREY TO THE MISSISSIPPI MEDICAL LAW.

BY C. D. R. KIRK, M. D., FERNS SPRINGS, MISS.

The writer has been made to feel the annoyance, illiberality, and rightdown selfishness of the common Allopath more keenly than ever before by reading a recently written letter of a responsible physician of this State, and, although a private letter, the sleeping Eclectics of this State should read it in full. My time will only allow me to extract from it. It is like many acts of the "regulars".

It appears that the doctor graduated in one of the most popular Allopathic schools of Philadelphia in 1856; passed the Confederate examining board, and served as a Confederate surgeon for about three years, then moved to this State, where he practiced ten years, and was so "regular" that he belonged to the State (Allopathic) Medical Association; and, as a proof of his "regular" sentiments, wrote some articles that are recorded in their transactions. The doctor, then, was taken up with the tide of emigration, and located in Texas, and, after practicing there a number of years—in which time he faced another "regular examining board," from which he came off with flying colors—he then concluded that the financial wind was blowing a better breeze in Mississippi, and, therefore, wended his way homeward again. But lo! what a change greets him—everything "regular!" Now, the doctor had been so liberal that he had taken our Georgia Eclectic Medical Journal, and others of the "same persuasion," to lead him, as they generally do, "from darkness to light;" and the news soon spread to the examining board, which made the "regulars" indignant. The time came for the doctor to appear before the "great lights," but owing to ill health at the time he could not comply with the "invite," and "now

the tug of war" begins. He is refused a temporary license; he is financially not able to have a called meeting of the board, as he is informed that he must meet its expenses—which are doubled by requiring a thirty days' advertisement, and then the board will only meet at the most expensive point for the doctor to reach. If he fails to obtain a "permit" he will be heir to a 50-dollar fine for every case treated.

Now, the doctor is a sufferer from chronic ophthalmia, which renders him only a little better than a blind man, and incapacitates him for any employment except his legal avocation, which can be attended to with the assistance of his family sufficiently to obtain a livelihood and to hold his location. He must, it is obvious, continue his practice with the hope of obtaining relief by trying the constitutionality of the law.

Will not the Eclectics of this State correspond with the writer for the purpose of rendering assistance, in some way or other, to our unfortunate brother? There is certainly ample room in which to show a generous disposition, to say the least.

EDITORIAL.

CHOLERA INFANTUM.—We have had several severe cases of cholera infantum during the last four weeks, and since the severe heat has set in. The worst features are the prostration of the nervous system, severe vomiting, this followed by lethargy, and the looseness of the bowels extreme. The discharges are quite thin, green and yellow and pink, mixed; very offensive; great restlessness. Many of the cases have been children nursing and receiving some hand-food. The tongue, at first, is dirty-white, with heavy coat mostly at base and on sides; this, after a while, disappears, and the tongue is red and dry in the worst cases we had.

Treatment: If seen early, we gave, ℞. rheubarb grs. xx; borax, ʒss; tr. podophyllin, gtt. v; hot water, ʒv. M. Teaspoonful every hour. In three cases, this checked the diarrhœa at once, but did not close up the bowels, for there were two or three soft evacuations daily right along. After this, we gave: ℞. lactated pepsin, grs. xx; quinine, grs. v. M. Make 5 powders. Sig. One every two hours in milk. This does the work in mild cases, for the fever soon subsides.

In severe cases, and where the nervous system is severely impressed, we use veratrum, ℞. gtt. x; water, ʒiij. M. Teaspoonful every half hour. This is a very good thing to check fever and equalize the circulation. We claim for veratrum the property of equalizing the vaso-motor functions; too much blood in some parts, too little in others. This is generally the condition in all these cases, attended by severe purturbating symptoms. The diarrhœa will yield to it in cases that are not very severe. When there is severe vomiting, we have done more for the case with tinct. of lobelia seed than with any other remedy. This is another potent vaso-motor remedy. Give 1/6 drop rubbed up with sugar of milk and put on the tongue, or inject ½ drop or 1 drop up the rectum, with a little water or milk.

In older children, we stop vomiting, sometimes, by a hypodermic injection of 1-200 grain of atropine; or you may give it by the mouth. We checked the severe vomiting in one case with ice applied to the spine. These cases show there is congestion of the sympathetic, perhaps in the base of the brain or in the upper part of the cord—no telling where—but somewhere in the nervous system. Ice to the spine reflexed the state of things, and closed off the congestion by vaso-motor reactions.

We order for diarrhœa: ℞. tr. podophyllum, gtt. v; tr. nux vom., gtt. v; glycerine; water, aa ʒij. M. Sig. Teaspoonful every half hour, four or five times, then every hour. Soon we go to ℞. lactated pepsin; bismuth subnit; quinine, aa. Dose, 3 to 4 grains every hour or two. Diet, light. Take away the breast and all food; feed water and glycerine, some lime water diluted, a little barley water, cold. In ten or fifteen hours you can give food sparingly. Be sure you fix the food yourself for weaned children. Remember the formulæ we have given. A good food for children is made of a very strong infusion of malted barley in water of a temperature not above 160° F., for a few hours kept at this point, then stir in to the infusion a little cooked flour that has been carefully baked before cooking into pap; to this add an equal bulk of good sweet milk. Some lime water may be added if the tendency is to sour stomach or frothy diarrhœa. Good sulphite of soda is a valuable remedy, when the diarrhœa is offensive and very watery. We have used it combined with borax, which we have come to think well of, especially when the discharges are acid, or, rather, not alkaline or natural.

THE proceedings of the Eelectic Medical Association of Pennsylvania occupies a large space in this issue of the JOURNAL. We make no appology for it; on the contrary, we believe it is good reading, and shows to our Southern Electics what a vast amount of good can be accomplished for our cause by a few resolute and energetic men who believe they are right and are bound to stand by their convictions and maintain their principles.

The Eclectics of Pennsylvania had a load to carry, not only heavy, but onerous, because they have had enemies from within and foes from without to fight and overcome.

The Eclectics of Alabama, Mississippi, North Carolina, Virginia and other Southern States, where the Allopaths have got in their work of obtaining medical legislation that places extensive and mighty powers in their hands by which they can choke down their rivals and prevent competition, have an excellent example set them as to what good resolute men, who are loyal to their principles, can do under heavy disadvantages, and in the face of vindictive and powerful enemies.

The communication of Dr. C. D. R. Kirk should be read and seriously pondered by the Eclectics of Mississippi. In that State the Allopaths have the vantage ground, because the Eclectics tamely sat by and permitted it. The Allopaths know how to use their opportunities, but they cannot maintain their ground when the Eclectics confront them with resolute and earnest resistance. The Eclectics of Mississippi are by duty bound to pay heed to Dr. Kirk's appeal, and show their manhood and demand their rights.

The Electics and other liberals of Texas made a glorious fight against the combined enemy last winter in the legislature with the result of "*Waterlooing*" their bigoted enemies, and now the liberals are bound to hold the fort and maintain their ground against an intolerant antagonist.

Alabama has moved on the enemy's works, and has already damaged the foe, though they gained no special victory. The resolutions of the Alabama Eelectic Medical Association passed last spring denouncing the unconstitutionality of the present medical legislation of that State, and pledging themseves to resist the law and pay no further regard to it, shows that the Eclectics of that State are now awake to their rights, and have thrown the gauntlet into the faces of their opponents. We learn that the Allopaths of Alabama are not eager for the fray, because

they also know their causes is despicable in the sight of the people.

The Eclectics of the South have not the heavy load to carry nor powerful enemies to fight as have had their Pennsylvania brethren. The Eclectics of Mississippi must unite their forces and go to work with alacrity, with reeolute firmness, and with a determination to win, and then they are bound to win.

THE NEXT NATIONAL will be very largely attended by the Eclectics from the North and West. This is to encourage the Eclectics of the South to enter into the *esprit de corps* of the Eclectic Medical organization. We are pleased to say, so far as we have heard from our Southern brethren, there will be a general and altogether universal outpouring from the South next June to Atlanta, to attend the National. Many prominent Eclectic physicians regard this coming meeting of the National as the grand opportunity presented the South to lift itself out of old ruts, and take on the new life at once, that already animates the Eclectic medical profession of the North and West, and be merged into the activities of that life, the living of which flashes into massive grandeur the souls and hearts of men who live in the principles they espouse.

Eclecticism of to-day is a positivism, aggressive because it is on the onward course; conquest and empire is before it, and the National is the soul that gives the body the life and the energy, and pushes its legions on. The South is the coming field. Yes, already it is the field of marvellous activities and wonderful achievements.

The shock of progress and enterprise has dashed the lazy doors of old asunder, and now the new life is here on us, brilliant and eventful.

Southern Eclecticism has before it the highest, greatest, most absorbing possibilities, equal to the best the world has ever seen, and Southern Eclectics are now awake to all and everything that duty calls them to. The South will be *en mass* in June, 1886, to greet their Northern and Western brethren with the heartiest, warmest, truest greeting.

Eclectics of Georgia, Tennessee, Alabama, and Texas tell us they are already making their preparations to enable them to attend the National in Atlanta in June, 1886.

THE SOUTHERN CLINIC is not in a good humor because we told how Beelzebub and the Allopaths do not now run Ohio and

Texas. Alas, we must confess that Beelzebub and the Allopaths do run Virginia! And often has our esteemed contemporary (the Southern Clinic) bewailed the miserable fact. The Southern Clinic will now write "BEELZEBUB" in big letters.

INTRODUCING A CATHETER UNDER DIFFICULTIES.

We have frequently called attention to the value of the French soft-rubber catheter, into which is inserted a small bougie to act as a stiffener, when we have occasion to introduce a catheter for the relief of retention. In enlarged prostate, or in a congested urethra from utherites, causing retention, we have no time to waste, nor do we dare try to push things with an iron hand. No, we must coax, and the limber, flaccid catheter is the tool to do it with. If there is spasm, which is seldom absent, we say, give a full dose of gelsemium at once, for nothing makes the urethra more tolerant and docile. Then we take the limber rubber catheter (say No. 12), oil it, introduce into it a No. 4 or No. 3 bougie, then commence to introduce it carefully, and when you get to where it won't go, simply stop, then draw the penis in line with the prostatic urethra so as to make the whole passage as straight as may be, then gently push your catheter, at the same-time give it a rotary motion with the thumb and finger; this succeeds in coaxing the catheter through the difficult and embarrassing passages, even where they are tortuous, and thus you enter the bladder.

We drew off nearly three quarts of urine from a man lately, who had been suffering with retention nearly four days, and beat out the other doctors. We drew off twelve ounces of urine from a man in our office, who could not pass urine, and the catheter gave him pain. We pushed and shoved, and, as Dr. Cofer said, bullied the urethra into submission. This little instrument is the safes thing, in all hands, we know of.

THE COLLEGE IS NEARLY COMPLETED, and the work is well done. We say it is the finest Medical College building in Atlanta without the fear of successful contradiction.

There is a larger call this year for Announcements than we ever had, and from nearly every State in the South. Our correspondence tells us the class next term will be the largest of any that has gone before.

We are pleased to say that the majority of our students for the

last two years have been young men who have received training in literary institutions. This coming session, we believe, will give us a larger per cent. still of such excellent material. The lesson to be drawn from these facts is, that the best class of young men in the South, who are entering the medical profession, are turning their attention to Eclecticism.

Our class last year was a credit to the College, and everyone acquainted with medical students in Atlanta last winter pronounced this eulogy on the Class of the Georgia Eclectic Medical College.

The demand for Eclectic physicians in the South grows every year. Everyone of our graduates went immediately to good locations, and, what is best of all, suited the people and became fixtures. We do not know of hardly a graduate of this College, during the last three years, who has left his first chosen location. There are no Eclectics tramping the land over in quest of locations, while at nearly every cross-roads you may meet Allopaths hunting locations. This is a big straw that shows where the wind is blowing from.

We can accommodate three hundred students to the comfort and profit of all.

MILK DIET IN DISEASES.

We have frequently called attention to the paramount importance of a nearly exclusively milk diet in many chronic affections, more particularly atonic dyspepsia, Bright's disease of the kidneys and other forms of albuminuria, heart diseases, and liver diseases.

We have frequently claimed that a milk diet was curative mainly in the rest it gave the digestive apparatus and the functional energies of the liver, and not to any specially peculiarities of milk itself. One cause of the good so often experienced from a milk diet is the great rest it gives the liver. On this point we find that the convertion of the proteids of milk into peptone is rapid and easy, so much so, that a patient with albuminuria will thrive remarkably well on a copious amount of skimmed milk, per diem, that contained as much nitrogen as sixteen or eighteen ounces of butcher's beef. Now, this much beef taken in a day would certainly make such a patient very ill, showing that the digestive apparatus and the liver were unable to convert the proteid of the beef into a highly vitalized and easily assimilated

peptone, while a complementary amount of milk would cause no inconvenience at all. We will take up this subject at some other time and treat it under the light of a pure and practical physiology.

THE TREATMENT of WHOOPING COUGH.—In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital (Medical News), Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to Dobell's solution, eucalyptel and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost everything, he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put into the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal.*

DR. J. D. TALBERT (Mississippi Valley Medical Monthly) reports three cases of the sweating type of pernicious malarial fever, in which the perspiration was so profuse that there was imminent danger of the patients sweating to death. Brandy, quinine, belladonna, nux vomica, and other stimulants were administered, but the perspiration still continued. Dr. Talbert then administered half a drachm each of the fluid extract of buchu and spirits of nitrous ether. The result in every case was that in less than half an hour the functions of the kidneys were re-established, the alarming perspiration ceased, and the patients began to convalesce.—*Medical Bulletin.*

THE CENTURY for August is to hand. It is just what a man wants to read in hot weather, something refreshing and enlivening. We have no room to say more about this splendid number of the Century.

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ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

DISEASES OF THE FEMALE REPRODUCTIVE ORGANS.

BY MISS LIZZIE ABBOTT, M. D., BREMEN, ALA.

EDITOR JOURNAL: In my last article I treated of uterine hemorrhage; in this I shall speak mainly upon diseases of the uterus, as they have come under my care.

CASE I.

Mrs. B. M——, aged 32; one child, ten years old. Health had been failing for several years. When I saw her she was not able to sit up all day. I found the uterus greatly inflamed, with abrasions, and partial prolapsus; leucorrhœa profuse and excoriating; digestion much impaired, and out of sorts all over (so to speak). To correct the digestive organs, I prescribed pulv. senna, 2 grains, night and morning; arsenicum, 3 x, 1 powder at 6 and 10 o'clock a. m. For malposition of the uterus, I prescribed sepia sulcus, 7 x, 1 powder, ter die. For the abrasions, an enema of a strong decoction of beach bark and ceanothus virginana root, with 1 drachm of pulv. alum to each enema, twice daily, which soon removed the abrasions, causing them to slough off in pieces as large as the thumb, greatly to the alarm of the patient, although she had been informed of the result. For the leucorrhœa, the following: ℞. Bal. copv. gtts. 50; oil mentha v. gtts. xx; spts. nit. dulce, ʒ iiss; tr. eucalyptus, ʒ iiss; mucilage acacia, q. s. fiat ℥ j. M. Sig. 6 gtts. of 3 dec. dilution in half glass of water. Dose, 1 teaspoonful every hour during the day—which soon arrested the trouble. However, the enema would have arrested it as soon as the cause could be removed;

yet I always give the above where leucorrhœa exists, as only a few doses are required to check it, and it is very soothing to an inflamed mucus membrane; besides it exerts a salutary effect upon the kidneys, which we generally find involved to some extent in all cases presenting the above symptoms. I find that it requires from two to four weeks to remove all traces of abrasions (or ulcers) with the above enema. While it is a little unpleasant to use so long, still I claim that it is far superior to the knife or cautery, because it gives no pain, and its effects are permanent.

CASE II.

While on a professional visit to a neighboring town, forty miles away, I was called to see this case. ——, married; age, —; no children. I found her condition as follows: confined to her bed six weeks; very much emaciated; could not turn herself in bed; persistent leucorrhœa, with prolapsus; had not micturated for twenty-four hours; suffering excrutiatingly. I administered ¼ gr. morph. sulph., which gave relief in ten minutes. I gave green coffee tea to produce diuresis. I told her husband if I could keep her alive till the medicines could exert their influence sufficiently, I could restore her. He assured me of my pay. I then knew how to work. For the leucorrhœa, of course, I used my regular standby, and prescribed Monsel's solution (very weak) per enema; as a tonic I used senna pulv., cimicifugi pulv. aa ʒj; helonias pulv., ʒij. M. Dose, 4 grs. ter die. To correct the position of the uterus, I gave sepia, 7x, 1 powder ter die. The above was continued two weeks, when I received a letter stating that she was able to be up all the time, and had to be restrained from walking one-fourth of a mile on a visit; also, if I thought necessary, send more medicine. The enemas (Monsel's solution) had been discontinued, as the leucorrhœa had ceased. I sent more sepia and tonic powders—enough to cure her. Now, this case, as well as No. 1, had been hammered at for many months by the *Regulars* with no good results, and certainly they did their best, for the pay was sure. Oh, that the "Regulars," for the sake of poor, suffering females, would open their eyes to the light of science, and learn to treat female diseases successfully. They certainly have learned that they are on the back track; they ought to call upon their *Irregular* brethren to start them aright, or quit the drive!

NOTES ON THE NATIONAL.

BY J. W. R. WILLIAMS, M. D.

The National Eclectic Medical Association is a live body of live men. It has a membership of nearly four hundred, scattered all over the United States. The late session at Altoona, Pa., was not so largely attended as the one at Cincinnati, though it was a good working body, and the occasion was enjoyable. Every devoted physician, Eclectic in principle, ought to belong to this Association. A three days attendance on its sessions, annually, infuses new life and professional ardor, and adds zest to the labors of the physician.

The papers presented were numerous, and, as far as I heard read, meritorious, and shows that Eclectics are not only abreast the age, but lead in therapeutic discoveries, and in no particular a whit behind the foremost medical men of the world.

Discussions were lively and at times sharp, but the Association is not without checks and balances. The vanquished always accepted the situation, and we adjourned lovely as well as lively.

The Association is thoroughly committed to Independence in Practice and Ethics, and unmistakably down on quack methods, regular or irregular. The highest professional honor must be maintained to escape just criticism and rigid discipline, but withal I think a commendable leniency was manifested to mistakes.

Our remedies are new to the professional world generally, and a great improvement on the old dogma, Allos-pathos practice, and, hence, the temptation is peculiarly striking to engage in easier and shorter ways to competency and money-making. And, again, a plain statement of facts of the success of our practice in many forms of disease appears boastful, so there is need for our practitioners to be exceedingly careful lest we offend the proprieties of a true professional dignity. After all, the practice well understood and faithfully executed, will invariably speak for itself by its success; and this is the best advertisement that any physician can have or ought to desire. Leave proprietaries to old fogies. This is about the only way a great many of them will ever know anything of some of our remedies.

A few days since I saw a regular physician prescribe caulocorea. He had found that he could not get along without it, though he knew nothing of blue cohosh.

The National is strong and true, and will not be wrecked on

the rock of Illiberalism, nor abandoned and lost on the misty, foggy sea of Hollow Pretensions. It is a great necessity, and it is a success; therefore safe.

THE "FAITH-CURE" AND ITS RELATIONS TO MEDICINE.

BY J. R. BORLAND, M. D., OF FRANKLIN, PA.

An Address, delivered at a meeting, under the auspices of the Eclectic Medical Society of Western Pennsylvania, held at Titusville, Pa., June 2, 1885.

MR. PRESIDENT, LADIES AND GENTLEMEN:

Some may consider it presumptuous in a physician to investigate the so-called "Faith" or "Prayer-Cure"—that he is treading on holy ground—that the subject is too sacred for him to meddle with; but allow me to say, that when any method claiming to cure disease is presented, he has a right, yea, it is his duty, to examine it, and, if found worthy, to use it for the benefit of the sick—as much so as has the clergyman to examine a new doctrine of theology or soul-saving, or the scientist the correlation of forces or a new method of generating electricity and subserving it to the uses of man.

I believe you will concede this.

It is well known to scientists that there is a principle or law in the cosmos of Nature called periodicity; that it not only pervades the physical world in the ever-recurring seasons, but it also pervades and acts upon the mental and physical condition of mankind. In medicine, we call these apparent aberrations epidemics, of which the Asiatic cholera may be regarded as a sample. These periodical occurrences are just as certain as the ebb and flow of ocean tides or cycles in astronomy. Sometimes a whole nation is seized with a common impulse, and all seem to be *of one mind.*

We live in a wonderful age, when these mental impulses come with increased frequency; thoughts travel faster and are more immediately disseminated than in the olden time. Hardly is a new thought born or crystalized ere it is caught up on the wings of the morning, flashed to all the intellectual centers of the earth, and to-morrow's sun will flash its rays on the printed sheet, in many languages, through which it engrosses the attention of millions of minds, and it is formulated in the intellectual force of the world.

So far as mental epidemics or cyclones affect men we may regard them as delusions or fanaticisms, or as evolutions from a lower to a higher plane of human development. I refer you to the rise and spread of Mahometanism; the crusades of the Middle Ages, with which all Europe became infected; to the Day of Pentecost, when all the people seemed to be of one mind, in one place; the sudden impulse of a people to migrate, of which history gives many instances, and, in more recent days, to Mormonism, which has grown rapidly strong enough to set at defiance the power of this Government. Some fanataicisms are founded upon delusion, some upon truth. To distinguish the false from the true is the province of Reason, not of Emotion.

WHAT IS MAN?

"The being we call Man is a triune compound of soul, spirit, and body.

"Soul is the ego, the I, the directing, controlling, individualizing motive power. Spirit is a substance acting as an envelope or covering to the soul. It is a product of the psycho-chemical operation of the soul upon visible and invisible substances, and is the agency or medium through which the soul operates upon the material and spiritual universe; the living, vitalizing fluid which permeates all portions of the body, sustains its life, and forms the connecting link between soul and matter.

"The body is the animal form of man. It is the aggregation of material elements which sustains a certain relation to the spirit and soul in the form of material substance.

"Thus we have a trinity—soul, spirit, and body—performing certain functions and sustaining particular relations each to the other. The body is not immediately acted upon by either the soul or spirit. We have what are called *intro-mediates*, or those qualities a little coarser than the acting principle, and yet finer than the substance acted upon. Finer elements act upon the coarser from the soul outward to the material universe, and *vice versa*. The intermediate between soul and spirit is Love; between spirit and body, Magnetism and Electricity, the agents of the latter being nerves, muscles and blood." *

Man has always been a mystery to himself, and, with the first glimmerings of science through the mists of superstition, and all

* I do not know the name of the author of the above quotation, as he has withheld it.

the sake of illustration we will divide humanity into three classes:

First. Those of gross make and habits, in whom the animal propensities are strong by nature, and preponderate over the intellectual. They are mostly "hewers of wood and drawers of water," who never aspire to anything beyond the accomplishments of brawn and muscle; whose intellects are uncultured; whose ideas of medicine, like their reasoning powers, are crude; who swallow pills and potions with the idea that the larger the dose the better it will act. They must *see* and *feel* the action of the remedy or they will have no faith in it One trial of Homœopathy suffices them, and, whatever may be their theology, they are Materialists in medicine. Faith-cure is beyond their comprehension. With them, belief is a pertinacious principle, without a particle of reasoning faith. These are the people of whom your Allopathic patrons are made.

Second. Those in whom the animal propensities and the intellectual forces are about evenly balanced, neither having supreme control, who reason more than the first class, and, hence, can comprehend a more advanced medical practice. Their faith is of the intelligent, mutual co-operative kind which says: "Show me thy faith without works and I will show you my faith by my works." The world, the flesh nor the devil does not distract them. They are your practical, level-headed, common-sense people, who are "not driven about by every wind of doctrine." Among them Eclectics flourish best.

Third. Those in whom the intellectual faculties hold predominance—the animal passions and propensities being subservient to the influence of mind—who walk more "by faith than by sight." Their physique is not so strong as that of the preceding classes; their engines being too large for their boilers, they do not accomplish much physical labor; their organization is of that nervous character which renders them vascillating and a prey to every mysterious method of cure that comes along. They often run to extremes, and many of them become what the world calls fanatics, who are often in the van of the world's reformers and frequently suffer the jeers and persecutions of the *canaille;* æsthetic, the food and drink of common mortals does not suit them, nor are they content with the mental pabulum with which other people are solaced; the medicines they take must be of exquisite and delicate make, hence they take to Homœopathy as naturally as ducks to water; then to some mysterious patent nostrum, and

finally to the Faith or Prayer-cure. The more mystery the more faith is the rule with them.

A few years ago Hydropathy was the hobby of these people; then came Hygeiopathy, and thousands died in the vain attempt to live on Graham bread. Then came Mesmerism, Clairvoyance, Spiritualism, and Liver Pads; and, of late, the divinity which shapes their ends is Faith-cure. If a mental cyclone comes along they are the first to get caught in it. Why, there is a man in Pittsburg who has made a fortune off of such people in diagnosing diseases by a *lock of hair!*

Through the discoveries in physiology, made in recent years, Psychology has been placed upon a philosophic basis; mental operations are better understood, and it is found that there is method in all the operations of Mind.

I employ Faith-cure, Prayer-cure, and Mind-healing as synonymous terms.

If all faiths cure—of which there can be but little doubt—then the reason must be sought, not in the kind of faith or dogma *per se*, but in Faith as an absolute principle or factor of Mind, operating by and through pyschological laws upon the body, in accordance with those laws which control and influence mind and matter, constituting what physicians are pleased to call *vis medicatrix natura*—the power inherent in the body to master disease.

The laws which govern this world and its creatures were put in operation by the Creator himself, in whom there is "no shadow of turning," and are, therefore, unchangeable by mortals. Physicians believe and teach that health is maintained and diseases cured in the observance of natural laws; that curative remedies act upon organs, nerves, and tissues in accordance with those laws. His remedies may consist of material substances, or intangible entities operating upon the mind only; in co-operation with the will of the patient, or independent of it. When we obey these natural laws which relate to us, we are healthy and happy; when we transgress them, we are sick and miserable. Hence, we say "A sound mind in a healthy body is God's best gift to man."

It does not require any faith to secure the action of a dose of Epsom salts or two grains of tartar emetic; prayer will not prevent the fatal effects of an overdose of aconite or arsenic, unless it directs to the immediate use of a stomach pump. We can't ignore Nature's laws in the abuse of any remedy.

WILL FAITH CURE DISEASE?

I say, Yes; faith will cure in accordance with natural laws as certainly as medicines do, if it be *the indicated remedy;* but I beg leave to say there is nothing supernatural about it. We know emotions as hope, fear, love, and jealousy will cure, and that the imagination is potent to kill or cure, as the case may be.

I will next inquire.

HOW DOES FAITH CURE?

The natural condition of all healthy life is *action.* One may die of corporeal *inertia* or mental *ennui*, whether faith be invoked or not. The exercise of faith is attended with a train of psycho-physiological movements which are communicated to, and influence, the material body—mind, medicine, or prayer, working *en rapport* in the prospect of cure. All the activities of body and mind are stimulated and energized; that wonderful magnetic battery, the brain, is aroused to action; that action is communicated through all its wires, the nerves, to all parts of the body; new emotions are generated, latent energies stand up to be counted; the channels of thought all cleared up, new hopes spring into being, and the sick one feels that there is something yet to live for; the heart beats stronger, respiration is fuller, digestion is stimulated, the torpid liver is aroused, the persistaltic action of the bowels increased, the action of the kidneys accelerated, the pores of the skin are opened; every organ, nerve, tissue, and capillary is aroused to its assigned duty; effete matter is expelled; a general house-cleaning, from cellar to attick, takes place; nutrition and assimilation are increased, and new furniture takes the place of the old. The old house, with its furniture and equipments, is made *as good as new*, the soul dwells in it with pleasure—*the man is well!* And all this takes place in accordance with Nature's laws!

Is there anything different in this process from what you would expect through the services of your "beloved physician," in whom you repose the utmost confidence?

I say, from thirty years' experience, that the advantage is with the patient who employs a good physician, takes his remedies with *an abiding faith*, and is not subjected to that mental strain and worry the Prayer-cure involves; for, if I am rightly informed, many have much anxious worry to bring their minds into accordance with it.

Do not understand that I underrate or disparage prayer or faith as remedies. I believe in the efficacy of prayer to bring men in accord with Nature and God; that it is as much a panacea to the mind as material remedies are to the body; but do not mistake its place in therapeutics. With the intelligent physician, an intelligent patient, and an intelligent nurse it is a potent auxiliary.

An intelligent faith generates strong will power; hence one who can dominate his body by the will possesses *another of God's best gifts.*

Some individuals possess remarkable magnetic influence over diseased conditions, while others are possessed of clairvoyant gifts in the same direction; both disavow the requisite of faith as a factor in the cure, and say, "All that is needed is passive mental co-operation on the part of the patient." Where the border line between this passive condition and faith is to be found I leave for others to define.

What often appears miraculous in the cure of disease is nothing more than Nature asserting herself in her own way, and if her operations elude our mental grasp *the mystery is in our dull conception.*

To "minister to a mind diseased," to harmonize the discordant tumults of the soul—has not been considered as within the province of the physician. He regards the health of the mind as depending upon that of the body, and that when he has cured the body his mission is ended, when he gracefully gives place to the priest or minister to attend to that. I believe this is right, for when a clergyman undertakes to cure bodily ailments by prayer or otherwise, he is out of his sphere, and should be rebuked as unceremoniously as I would be should I go into one of your pulpits and usurp the place and calling of your minister on next Sunday. This Prayer-cure business, as recently carried on, is a species of *medico-clergical quackery*, which has been excused because claiming Divine sanction, but, nevertheless, should receive the condemnation of all good people. I have seen precious time lost in resorting to these before named delusions—although they may not in themselves be delusions, yet, when they are put in the wrong place to do a work for which they were not designed, they are delusions, nevertheless.

As a summing up, we must say that people have been healed by faith—by all sorts of faith—faith in remedies, faith in men,

and faith in God. Faith or prayer, like other remedies, have their place; and here the old Professor's summing up of the practice of medicine is appropos. Said he, "The practice of medicine can be designated by three words: What? When? How? *What* to do; *when* to do, and *how* to do."

Let us strive to attain an intelligent faith in the use of all the methods God has given us, to live healthy lives and die happy deaths.

INTRA-UTERINE INJECTIONS.

BY M. F. DUMAS, M. D.

Read during the Sixth Annual Meeting of the Arkansas Eclectic Medical Association, at Little Rock, on the third Wednesday in May, 1885.

I have chosen this subject for two reasons, viz:

First. To have the subject thoroughly discussed by this body.

Second. To prevent our young physicians from using this so-called therapeutical agent without understanding the danger accompanying the practice.

Our Old School enemies have become monomaniacal upon the subject. Now, let us examine the subject, and make up our verdict understandingly—according to "law and the evidence."

Among the advocates for this practice we find the following antiquated gentlemen, viz: Drs. Gregory, G. A. Mases, McPheeters, Preuitt, Engelmann, Goodwin, George H. Lyman, Thomas Munds, W. M. Polk, J. B. Hunter, Barker, J. M. McLane, Garrigues, Wylie, A. S. Hunter, and a few others.

Some physicians are under the impression that the practice is somewhat new; but the practice was in vogue over two hundred years ago by a few French obstetricians, and was abandoned on account of the great danger accompanying its use. Some of the more prominent objections against the employment of intra-uterine injections are the following:

1. Millions of women, as well as other animals, have given birth to their young and got along splendidly, without using the injections.

2. Hundreds of women have recovered from puerperal septicæmia, under the Eclectic treatment, without the use of the injections; whereas, on the other hand, hundreds have died under Allopathic treatment with the use of the injections.

3. There has been frequent and sudden deaths after using these injections, perhaps from shock; therefore, I can but feel that in-

tra-uterine injections are fraught with great danger, in spite of the perfect impunity with which some physicians use them. Now, the uterus is an organ that furnishes us, often times, with experiences by no means pleasant. Gynecalogical and obstetrical experience goes to show that death frequently occurs from very trifling operations or manipulations about the uterus. The ancient fathers regarded the uterus as an organ that was to be touched very cautiously and tenderly, from the recognized fact that it was a very queer organ, subject to all kinds of freaks; and I am of the opinion that they were correct, and I have never yet seen or heard of anything that will give a sure means of preventing these freaks. There has been numerous deaths following the use of intra-uterine injections, and, when death occurs, it is very sudden. Vaginal injections of cold water, directed against the os-uteri, has caused sudden death. I notice in the Weekly Medical Review a case in point:

On the 28th of January last, Mrs. S——, a widow lady, æt twenty-three, pregnant in the fifth month with her second child, being desirous of producing an abortion, procured a Davidson syringe and a basin of cold water, locked herself in her room, and directed the cold water against the os-uteri, and died suddenly. Being an extremely healthy lady, who had suffered but little in her first labor, and should so suddenly succumb to the cold *vaginal* douche, should be a warning to us as to the danger in the use of vaginal injections, much less intra-uterine injections, with ice-water and irritating and poisonous drugs. Cold or hot water thrown into a traumatic uterus is liable to produce sudden death from *shock*.

Several cases of ptyalism has been produced by using vaginal injections of bichloride of mercury, one part to three thousand parts of water. This should be a warning to those who use uterine injections. Another danger is the liability of the fluid entering the Fallopian tubes, and thereby producing peritonitis, and perhaps death.

Some attempt to explain these sudden deaths by claiming that the injection passes into the uterine veins, or that air enters the veins. Upon first consideration, this would seem untenable. The uterine walls being contracted from what they were prior to labor—contracting and thereby closing the veins—if the veins should be open so that the fluid could enter, or that air could enter them, the patient would bleed to death in a few minutes.

But upon a second consideration, we find that it may be possible that a portion of the injection and also air could enter the uterine veins, under certain circumstances. The veins of the uterus being canalized, like certain veins of the neck, and the openings which communicate with the interior of the uterus, and which allow of the easy passage of the fluid, are not always closed by thrombi. When the whole uterus is relaxed, and the utero-placental orifices patulous, no great pressure would be required; simply repletion, the pressure of water which is unable to flow out fast enough, would tend to distend the uterus, and still further dilate the utero-placental openings, and thus cause some of the fluid used to enter the uterine sinuses, and subsequent uteral contraction might force a portion of the fluid into the general circulation; therefore, this should be another objection to the practice.

It is reasonable to suppose, of course, in the hyperesthetic condition of the inflamed uterine walls it is easy to produce very pronounced reflex action on the nervous system, and a very small quantity of fluid in the uterine cavity is sufficient to excite a great deal of disturbance; therefore the risk is too great. The uterus is abundantly supplied with sympathetic nerves, and it is not surprising that intense shock should follow any manipulations about it, and especially the inhuman, barbaric, and unscientific practice of irrigating it with irritating drugs, as iodine, corrosive sublimate, carbolic acid, kali-permanganate, iodoform, etc.

If we ever should conclude to use intra-uterine injections, we would never leave it for the nurse to perform, and would be very careful not to have the water too hot nor too cold, using a small quantity of the fluid, with little force, with a soft catheter attached to a fount syringe, the patient standing. If we had a case of cepticæmia, with bad smelling discharges, and could not reduce temperature nor change the odor by proper aseptic treatment, before I would see a patient succumb, I might be induced to take the risk and give one uterine irrigation, using tepid solution of salicylic acid and borate of soda, with, perhaps, eucalyptus (T. & L. Bros. spc. tr.), but would only use the one irrigation.

I am of the opinion that, if we watch our puerperal cases and carefully treat them—using aconite, quinine, baptisia, mur. acid, sulphurous acid, sulphite soda, kali-chloras, salicylic acid, with liquor acet. ammonia, gelseminum, veratrum v. internally, as indicated—with, perhaps, vaginal irrigations of eucalyptus, carbolic

acid or salicylic acid in tepid water, we could manage to prevent septicæmia; and if called to a case of septicæmia the same treatment will answer, without running the risk of uterine irrigation.

TO THE ECLECTICS OF THE SOUTH.

BY J. W. R. WILLIAMS, M.D.

Having been present at the last session of the National Eclectic Medical Association, held at Altoona, Pennsylvania, I wish to say something in reference thereto through the columns of our JOURNAL to the Eclectics and other liberal minded and progressive physicians of the South. The next session is coming South—coming for our benefit—to the city of Atlanta, Ga. The Eclectics of the Northern, Western and Eastern States have manifested a noble and liberal spirit towards us in making the sacrifice in our behalf. I trust that it will be duly appreciated by us, and that we will turn out largely, that our conferes of these States may have a cordial and full greeting from the Eclectics of the South, that we may show at least a worthy appreciation of the honor they have done us in giving us the place of meeting of the next National Association, which will meet in June next year.

Let us begin to arrange our plans now to be present at that time to add our might and experience to theirs in moving forward the car of medical progress, in sharing with them the labors and honors of spreading a progressive medical practice, founded on experience and not on dogmas.

Come, fellow Eclectics of the South, wake up to the honor and the occasion. Every one of us should be present at Atlanta next June, and become members of the National. It is a representative and capable body of live men, and is the surest bulwark against legislative oppression. It is large enough, intelligent enough, and broad enough to be felt and heard all over these United States, and to protect every member. Besides, it is an honor to belong to such a body. Then, again, to connect yourself with it is your duty. A true man cannot, and will not, afford to sit idly by while the battle for his freedom is being fought, and take no part.

You know your duty, will you dare do it?

To the Eclectics of Alabama, especially, let me say, the High Pontiff of the medical hierarchy of Alabama says to us: "Accept

my terms and you shall practice only what I dictate." He is bold, and a Jesuit of the first water. He has said to his own Association: "I am your boss, and the only man among you capable of being the boss in Alabama." This he said in substance at their last annual meeting in Greenville. You see the character of the man clothed with dictatorial powers by the laws of Alabama.

Awake, ye sons of thunder! your fathers were victors in the same cause fifty years ago. You surely are not unworthy sons of such sires. We want every man of you the first Wednesday in May next, in the city of Montgomery at our State meeting, and let us show our brethren of the North, at Atlanta, that we are worthy and capable, and determined to bear our part in the great struggle for medical freedom now going on in the United States; and are not afraid to carry the banner of a national system of medical practice, based on experience gathered from every source, against all the dogmatic and moss-backed, old granny systems boasting of a lineage, and yet only peeping out of the dark ages.

DROSERA ROTUNDIFOLIA. (SUNDEW.)

BY I. J. M. GOSS, M.D., MARIETTA, GA.

This article acts through the pneumo-gastric nerve upon the respiratory system. The indications for its use are mainly: spasmodic, dry cough, in whooping cough, and dry, spasmodic coughs occuring in catarrh, bronchitis or pneumonia. In the above coughs, it is more especially indicated by pressive headache affecting the cheek bones. Pain in both hypochondria, impeding the cough or respiratory effort; a bruised feeling in the larynx, hoarseness and a very low voice, indicate this remedy. Very violent paroxysms of cough following each other, so violent that respiration is quite difficult, and when speaking is an effort, indicate this remedy. And when the cough is worse at night, just after the patient retires, it is also indicated. When there is a dry, spasmodic cough, attended with neausea or vomiting, drosera will always do good service. It is quite soothing in cases where there is purulent or bloody expectoration. A rough, scraping, dry sensation in the fauces, and palate, with a yellow, mucous sputa, and hoarseness, with oppression of the chest, indicate drosera. In cases of whooping cough, ipecac and aconite should be first given until the catarrhal or inflammatory stage has

passed over, and then when the cough becomes spasmodic, drosera should be given in doses of a few drops, as large doses have a pathogenetic effect. In the cough attending measles we have no remedy equal to drosera. In an extensive experience with this remedy I have found it very certain in action, when prescribed according to the above indications; and in whooping cough, I have just used it in quite a number of cases this past winter, in an epidemic of this disease of unusual severity, and with the best effects. Many cases that I had, were so severe at night, that without the drosera the patients could not sleep well, but with the drosera as they retired, and once or twice through the night, they could sleep soundly. Drosera is a remedy for dry, harsh, scraping cough, in any affection of the respiratory organs, whether such cough occurs with bronchitis, trachietis, pneumonia or whooping cough; and even in such a cough occuring in phthisis pulmonalis, it will be found one of our most trustworthy remedies. It does more for phthisis pulmonalis than merely to sooth the cough. I predict that in drosera we are yet to find potent help in the successful treatment of consumption, especially when the treachea and bronchia are involved. The dose is from 5 to 8 gtts. every two or three hours for adults, and for children, 1 to 2, etc., according to age.

URTICARIA—ITS DIAGNOSIS AND TREATMENT.

BY LEMON T. BEAM, M.D., JOHNSTOWN, PA.

(CONCLUDED FROM P. 226.)

Among other immediate exciting causes of urticarial attack may be cited the action of certain drugs, such as santonin, iodide and bromide of potassium, copabia, cubebs, salicylic acid, quinine and the turpentine group of drugs. The contact of certain irritants with the skin. For example of the urticaria dioiea, or ureus; the bites of fleas, gnats, mosquitoes, bugs, etc. A majority of the exciting causes just enumerated, however, can operate only on persons of special susceptibility, and under certain circumstances not to be anticipated in most instances, except after knowledge of the patient's idiosyncrasies. Again, it may be remarked that people in whom urticaria is readily excited by some of these causes are quite insensible to the operation of others, e. g., certain persons who can never eat shell-

fish without experiencing a consequent attack may, nevertheless, be able to partake of eggs or strawberries with impunity.

DIAGNOSIS: Ordinarily, urticaria is readily diagnosed. In the pyrexial exanthemata, the cutaneous manifestations occur in regular order and follow a definite course, but in urticarious troubles this is not the case. If the patient offers for inspection veritable wheals no difficulty can arise in determining the nature of the affection. In the absence of actual eruption, however, if the finger-nail or a pencil point be sharpely drawn across the skin, a white line, soon becoming red and elevated will appear, which lasts but a short time and then disappears. The ease by which the rash is excited by the slightest irritation of the skin is often a useful diagnostic sign.

Urticaria is easily distinguished from the erythemata by the more diffused character of the eruption and the difference in the site, by the absence of local irritation in erythema; from measles and scarlatina by the absence of coryza and sore throat in urticaria, and its lowness of temperature, and by the different courses these diseases run.

PROGNOSIS: The prognosis in this affection is almost always favorable. It will naturally depend on the etiological elements of the case, and is, of course, good when the urticaria is due to the temporary and external influences, such, e. g., as the use of some drug, or as food of shell-fish, or where it is caused by contact with the common nettle (*urtica dioica*, or *ureus*), and more grave when internal derangements of a more persistent mature, are at the bottom of the trouble.

Cases of a chronic nature are often very obstinate, in some instances lasting for years, in utter defiance of all treatment. In the more acute and apparently simple kinds, however, we may deceive both ourselves and patient with false hopes if we prophesy a speedy cure, as it can never be predicted when a relapse may not occur, how long it will continue, or how long after its apparent cure the patient will remain free from its attacks. It should be remembered, also, that cases of apparently mild character may all at once assume great activity and change into the worst known forms.

TREATMENT: In relation to the treatment of urticaria, from what has been said of its pathology and etiology, its causes being so varied and diverse, it must necessarily call for much diversity in its management. First, no case ought to be subjected

to treatment until its nature and the conditions present have been fully ascertained.

If an acute case presents, resulting from an indigestion, it is well to begin with an emetic or purgative, or both; as with their thorough operation the trouble will generally subside. You must interdict the use of all food or drugs, likely to excite an attack.

In chronic forms it is important at the outset to impress upon patients that they must place themselves under strict discipline and guidance, since much of the success of treatment will depend upon their own conduct. The diet must be regulated, the patient should be kept cool during the urticarial outbreak. Of course, the first thing demanded by the patient is relief from the itching. For this purpose, sponging the skin with cold water should be adopted. Where there has been a want of strict cleanliness, soap and water should have an honored place as being among the best of local remedies. Woollen underwear should be replaced by cotton. By removing probable causes, a proper regimen, giving alkaline laxatives or correctives, improving digestion, assimilation and nutrition, and the use of appropriate local measures, there is usually no difficulty in curing the trouble—at least for a time.

Should the symptoms not subside, or relapses occur, instead of sending the case to a "specialist," "study up your case," discover the reaction of the skin as to its alkalinity or acidity. If alkaline, then wash with dilute hydrochloric acid, or with weak vinegar, at the same time give vegetable or mineral acids internally. This course should be persisted in. Carbolic acid (ʒj—ʒiv to a pint of water) applied as a lotion, gives much relief. On the other hand, if the reaction be acid, saline baths and lotions will be useful. We find that very good results may be obtained by the application of a solution of bicarbonate of soda (ʒij to vj to the pint of water) with a little glycerine, the surface to be bathed with this morning and night, and subsequently dusted lightly with starch or rice powder. The liquor picis alkalinus, diluted with ten to twenty parts of water and used as a wash, will often afford perfect relief. To make this preparation, use: tar, 2 drachms; caustic potassa, 1 drachm, and water 5 drachms. Dissolve the potash in the water, and add slowly to the tar in a mortar, with friction. It may be noted here that, though the *kind* of external remedy is clearly indicated, it is a matter of exceeding difficulty to find that which shall be exactly

appropriate to the particular instance. Not only so, but the *strength* of the application is a matter of material moment. I have seen the caustic *tar* solution, one to ten, cause considerable disturbance, while one to twenty parts of water was well borne, and cured. Where nervous tissue acquires an extreme susceptibility it is no easy matter to adjust a remedy so as to tone and calm without injuriously exciting—and this is what is wanted.

In urticarial, as in eczematous, lesions a successful management requires "an exact appreciation of the conditions present; a knowledge of the means by which they may be remedied, and a proper application of these means. . . . It is the patient, with all his functions and organic derangements, that demands consideration. . . . Every case must be individualized." *

If the mind can grasp the pathological condition, the view given must necessarily suggest the remedy. We must not follow too closely our text-books or a recipe practice. Routine practice is too much pursued. Our medical periodicals teem with formulæ, and "cut and dry" methods of practice are detailed as "sure cures" for this and that malady, to the great detriment of our art and science. True, there is a growing demand by our societies and journals for "short," "practical" work. For myself, I have no desire to pander to such taste with set formulæ of my or other's making. Each should individualize the case as presented, and construct and adapt the right prescription and advice. This we must do if we wish to avoid poly-pharmacy and to be rational in our treatment.

The alkaline and starch bath I have found often of great service in the treatment of urticaria. I order it prepared as follows: Carbonate of potassa, 3 ounces; carbonate of soda, 2 drachms; borax, powdered, 1 ounce. Mix. Use one such powder for a 30-gallon bath, with from one-quarter to one-half pound of starch. The surface may afterwards be anointed with cosmoline, containing 10 drops of oil of eucaliptus, and from 5 to 10 grains of carbolic acid to each ounce. When the itching is persistent, the chloral camphor ointment will surely give relief. It is prepared thus: Chloral hydrate, 1 drachm; camphor, 1 drachm; rose ointment, 1 ounce. Rub well together the camphor and chloral in a mortar until a liquid results, and add to it the rose ointment. It should not be forgotten that irritating under-clothing may ex-

* Prof. E. Younkin, M. D., on Eczema, in April number (1885) of the American Medical Journal.

cite and keep up urticaria, and in severe cases silk garments should be worn next the skin, or, if this cannot be afforded, a very thin muslin may be interposed beneath a woollen shirt or drawers.

The management of a case of urticaria produced by a certain therapeutic agent is very simple. The eruption being essentially dependent upon its action, rapidly disappears upon its use being discontinued, and it will equally resist every kind of topical treatment so long as it is being taken. In cases of a rheumatic character, in addition to the topical measures advised, carb. potass., iod. pot., and wine of colch., internally, will be found advantageous. The diet in all cases must be scrutinized to see whether some of its component articles may not produce or increase the cutaneous hyperæsthesia. Tr. digitalis is indicated in cases associated with cardiac languor. If the kidneys are healthy—a point which may be determined by a careful examination of the urine—we may leave the bowels entirely alone, and call upon the former to perform most of the depurating work.

Arsenic stands at the head of the list of "alteratives" and depurants, in all skin affections. It is regarded as the sheet-anchor in chronic cases. It would seem to possess the power of causing the eruption in this, as well as in most other chronic diseases of the skin, to disappear, although its *internal* use for a long period of time is generally necessary to effect this. The objections to its use are, this slowness of action, and the sepcific toxicological symptoms which sometimes follow its most carefully watched employment. As depurants, I prefer to use propylamine, carbonate of lithia, and acetate of potassium. These remedies exert a marked influence upon the urine, notably increasing the amount of solids daily excreted in this fluid. They are among our chief reliance in gouty and rheumatic conditions generally. If the liver and other glandular structures are involved—that is, functionally inactive—we may use such glandular stimulants and tonics as the resinoids or fluid extracts of pod. pelt., iris versicolor, lept. virg., eunonymus, apocynum can., and chionanthus, as they may be specially indicated.

Finally, it is not of course supposed that in any given case of urticaria, however stubborn it may be, all of the topical measures or internal remedies mentioned in the foregoing outline of treatment will be required (although you may use them all and still fail of success), but the happiest results are to be expected from their judicious selection, adaptation, combination or alternation.

THE HYPO-PHOSPHITES.

BY I. J. M. GOSS, M. D.

The salts of hypo-phosporous acid, known as the alkaline salts, or hypo-phosphites, were introduced into the practice of medicine in France several years ago by Professor Curchill. He claimed the hypo-phosphites of soda or lime to be almost specific for the early stage of phthisis, and other tuberculous diseases. He never claimed that they would cure advanced cases, nor hereditary cases. He fully believed that one of the prime factors in the production of this affection was a deficiency of the hypo-phosphites in the blood, and that in the form of the hypo-phosphites was the proper mode of introducing phosphorus into the system, as that these salts were readily assimilated. He believed further that this was the only way in which free phosphorous really could be safely taken into the system. The circulation of his views caused the physicians of Europe and America to test this treatment; but, unfortunately, they did not adhere to his teaching, but gave the *phosphorous*, the *phosphates*, and superphosphates instead of the hypo-phosphites; hence, they failed. And the "regular" physicians (as they are very prone to do with all remedies) used these remedies in very large doses in all cases, and the result was that they got the pathogenetic effects instead of the therapeutic action. Then, again, having no indications for the use of any one of these salts, they used the hypophosphite of potash, or magnesia, and, sometimes, phosphorous itself in oil, or in some other objectionable form—and thus they signally failed. But the New School physicians took up these remedies, using them pure, as prepared by Robert W. Gardner, of New York, and giving them according to the direct indication, as pointed out by the pathological peculiarities in each case, have found them to be of great value in the cure of tuberculosis. For instance, if the cough is hacking and there are hectic fever, night sweats, scanty and delayed menses in women, nervous prostration, rawness of the chest, and tenderness over the thorax, hemorrhage of the lungs, quick pulse, and tendency to coldness of the extremities, then the hypo-phosphite of lime in doses of ½ to 1 gr., three times a day, may be given with almost uniform success in the early part of the disease. It is also a valuable remedy in scrofula, when thus given. In children, of overgrowth, with large heads, open fontanels, distended abdomen, with swell-

ing of the lymphatic glands, and a tendency to catarrhal affections, then the hypo-phosphite of lime will not act well.

In young girls with late appearance of the menses, with lax muscles, and of lymphatic tendency, with languid circulation, dulness of mind, this article is directly indicated. It is also applicable in the incipient stage of tubercular meningitis in children.

After exhausting disease, in many persons, there is left a hacking cough, with some tenderness over the thorax; here cal. hypo. will quickly prove curative of this cough. In marasmus, following mesenteric disease, there is, perhaps, no better remedy. In that state of nervous prostration following excessive discharges of semen, pus, mucous, or blood, there is no remedy more appropriate than the calc. hypo. In spinal curvature in strumous children, and in those with rachitis, this remedy acts well. In children where there is a scrofulous diathesis, and dentition is tedious and difficult, the hypo-phosphite of lime, in small doses, from 1/8 to 1/4 gr., three times a day, will materially hasten the process of dentition. In phthisis pulmonalis, where there is great nervous debility, the hypo-phosphite of soda will be found to act promptly. The dose is from 1/2 to 1 gr., three times a day.

The hypo-phosphite of potash, although not called for in phthisis pulmonalis, is a valuable remedy for such diseases as mialgia, and other muscular affections. Wasting of muscular tissue, with great debility, attended by marasmus, indicate the use of the hypo-phosphite of potash. A painful condition of the muscles of the whole body indicate the use of this salt; and many painful affections involving the muscles, which are improperly called chronic rheumatism, are relieved by this remedy. In chronic bronchitis the potash salt is preferred to the others. In dyspepsia, with oxaluria, emaciation and depression of the mind, this remedy will act promptly. In anæmia this salt should alternate ferrum.

ACUTE CYSTITIS.—Salicylate of soda, in 7 grain or 8 grain doses, repeated every two hours; give freely of flax seed or elm mucilage; a suppository of opium 1/2 gr.; ext. belladona, 1/4 gr.; cocoa butter q. s.; introduced up the rectum to quiet tormina. Let the patient drink freely of buttermilk, which is food and medicine at the same time.

EDITORIAL.

FUNDAMENTAL PRINCIPLES OF MEDICAL PROGRESS—THE VASO-MOTOR SYSTEM.

The function of the vaso-motor is undoubtedly the one most vital of all in importance in carrying on the business (so to speak) of life in the organic compact, called the body, of our animal system.

The relations between the blood on the one hand, and the tissues on the other, are weighed and regulated, meted and bounded, guarded and ordered, by the vaso-motor nervous system. The blood is the life, and feeds it with living materials.

Foster tells us of a small prismatic space in the forward prolongation of the lateral columns after they have given off their fibers to the decussating pyramids. This space is largely occupied by a mass of gray matter * * * containing large multipolar cells. This small portion of the medulla oblongata acts as a vaso-motor centre, by the action of which, ordinary afferent impulses reaching it are transformed into vaso-motor efferent impulses of either constrictor or dilator functions as the manner of normal forces may require in the affairs of vital acts.

He tells us that the lower limit of this region (experimentally studied in the rabbit, and possibly in other warm-blooded animals,) is at a horizontal line drawn about four or five m. m. above the point of the colamus scriptorius, and the upper limit at about four m m; higher up, that is one or two m m. below the corpora quadrigemina, thus occupying a space in the fourth ventricle.

This vaso-motor centre must be in close relation with all parts of the body, through nerve fibres of one kind and another. Of this we have indubitable proof, the only question just now, is to determine the tracks whereby the centre is brought in communication with the periphery. In the first place it is to be noted that any impulse starting from a sensory surface along an afferent nerve, on reaching the center may be converted into and returned from thence along efferent nerves as a vaso-motor impulse.

In the second place, we learn that this medullary centre is in immediate connection with the spinal cord by way of the anterior pyramids, and with the periphery through the afferent and

efferent nerves; thirdly, that independent of the medullary and spinal centre, the whole system is mapped out into numberless local, independent automatic centres, each one of which corresponds with the vascular that spring from the arterioles and governs the local nutrition of the part.

In an article, a year or so ago, we called attention to these local automatic vaso-motor mechanisms that are distributed over the whole body, and showed how closely they are connected with the local nutrition of the whole system in which they are located, and how, apparently, independent they are of the medullary and spinal centres.

Vaso motor fibers, that is, fibres that perform vaso-motor functions, are given off from the efferent nerves. These fibres are in communication with ganglia of the sympathetic, therefore, it seems that the vaso-motor fibres of nerves, whatever be their origin, are in close connection with the sympathetic system through their ganglia. The relation of the vaso-motor system to the sympathetic is more close than is generally supposed. We place the two in the same category functionally. There are, doubtless, millions of ganglia, smaller than red blood discs, scattered over the vascular areas of the body, and are thus so many local vaso-motor centres controlling the blood supply and nutrition of the parts. On the other hand we are bound to recognize the influence and control of the central vaso-motor organs, the main one, doubtless, in the medulla oblongata, which brings all the various sections and organs of the body into unison and functional reciprocation, and thus controls the organic life of the system at large. The influence is sent out over efferent nerve fibres, which are specialized by passing through ganglia before being finally distributed to the arteriols of various vascular areas. It is further probable that the vaso-motor centre is in very near relation with the centre that controls temperature. Vaso-motor depression almost always results in elevation of temperature.

The variations of blood pressure, the increase and decrease of blood supply, the phenomena of fever heat, of tissue waste, of inflammation, nutrition, growth, repair, etc., all depend on this or that state of the vaso-motor system, and this in turn depends on the changes that have been brought about in the blood from without, or on changes that have occurred within the system itself. Changes of blood pressure and blood supply are so fre-

quent that every nutritive phase of the system is accompanied by a variation of blood in quantity or quality.

During digestion a vast amount of blood is sent to the organs of digestion, and as a matter of course, there is a corresponding diminution of the quantity of blood in other parts at the time. Hence, the bulk of the blood is being changed from place to place as the requirements of the organs and system call for. As the blood is enriched by the food, so the tissues are constantly abstracting from the blood the nutriment they need for their support and renovation. Hence, the blood is alternately being enriched and impoverished.

When the blood is charged with the rich products of digestion, the pressure in the arteries is raised. This is a general vaso-motor impulse sent out from the centres to raise the general blood pressure, which is brought about by a constricting influence, a contraction of the fusiform muscular elements of the arterioles, by which the caliber of the vessels is diminished and less blood admitted. Besides this, there is another vaso-motor impulse that widens the caliber of other vascular areas to admit large quantities of blood to the tissues for their nutrition or functionation, showing the near vital relation between the tissues and the vaso-motors in all the vascular areas, which admits large quanties of blood into the arterioles and their capillaries and from which a considerable irrigation of rich plasma is passing from the full capillaries into the extra vascular spaces, and which is taken up by the protoplasmic elements of the tissues as the organs and tissues are most in need of. The vaso-motor centres has, therefore, constricted certain vascular areas whereby the general blood pressure was raised, at the same time a dilation of certain other areas was brought about whereby blood in suitable quantity was sent to the tissues needing renewal and renovation.

We spoke of the local vaso-motor areas as being ever active. This is a provision for a constant supply of oxygen and pabulum to the tissues as is manifested by the rythmatic changes in the caliber of the arteries that supplies the capillaries of the various vascular areas. We said there are millions of ganglion cells scattered over and among the vascular areas, and these minute ganglia act as local vaso-motor centres controlling the local supply of oxygen and pabulum to the tissues in general.

Special supplies of blood to parts for carrying on certain functions, is under the central vaso-motor organ in the medulla.

The free and profound action of the muscles are dependent on their blood supply. Tie the nutrient artery of a muscle and it straight way enters into rigor mortis. When the muscles are called into free use in bodily labor, vast masses of blood are sent to them, the voluntary impulses that put the muscles in motion are accompanied by vaso-motor impulses that dilate their arteries and admit large supplies of blood to the protoplasm of their fibres.

All the functions of nutrition are attended by, in all cases, colossal supplies of blood, as in the digestion of food in the alimentary tract, the purification of the blood, the secretion of bile, the elaboration and purification of the peptons, (that have entered the portal of circulation) and formation of glycogen, all of which are functions of the liver and requiring collosal masses of blood. The action of the kidneys, the elaboration of blood corpuscles by the spleen, etc. Over these the central vaso-motor system exercises special control.

In pathological conditions there are set up serious changes in the vas-omotor system. During fevers there is a vaso-motor paresis as is manifested by increase of temperature, of consumption of oxygen, of elimination of carbonic acid, of increased waste of tissue.

In inflammations there is set up a vaso-motor paresis in the inflamed areas and a vaso-motor stimulation in other areas, perhaps, the splanchnic and muscular, etc.

Medicaments may be divided into vaso-motor stimulants and vaso-motor depressants. In all diseases we have a deranged state of the vaso-motors in this or that part as the case may be. In some cases of disease, as fevers, there is a manifest paresis of the heat controlling centre which is probably in the medulla and in close relation to the vaso-motor centre. Vaso-motor stimulants control fever heat to a marked extent, but are dangerous for reasons we will not state now. The action of medicines on the vaso-motor system must be reserved for an other article.

THE President of the National Eclectic Association, Henry B. Piper, M.D., has issued the following notice, preliminary to the usual announcement:

"The National Eclectic Medical Association will hold its sixteenth annual meeting at the city of Atlanta, in the State of Georgia, on the 16th, 17th and 18th days of June, 1886. Many

of the most energetic and progressive physicians of the Northern States have already signified their purpose to attend. The general feeling through our ranks indicates that this will be the largest, most enthusiastic meeting yet held by the Association. Every physician who believes that principle and qualifications, and not mere partisan tests enforced by arbitrary statutes, should be the only passport to professional standing, is desired to co-operate.

The following is the Local Committe of Arrangements: Prof. William M. Durham, M.D., Prof. S. T. Biggers, M.D., D. N. Johnson, M.D., W. A. Smith, M.D., Wm. C. Fisher, M.D., M. C. Martin, M.D., W. H. Phillips, Esq., George T. Ogletree, Esq.

Every auxillary State Society is entitled to fifteen delegates. This number is in addition to those who are already permanent members of the National Association. Each local society is also entitled two delegates; also the Georgia Eclectic Medical College at Atlanta, the Eclectic Medical College of the City of New York, the Bennett College of Eclectic Medicine and Surgery of Chicago, Ill., the American Medical College of St. Louis, Mo., the California Medical College, at Oakland, and the Indiana Eclectic Medical College, of Indianopolis. Every such delegate must be a graduate in medicine, or a reputable practitioner of fifteen years' standing, and he is eligible as a candidate for permanent membership.

Blank certificates for credentials of delegates have been prepared by the Secretary, and will be issued on application to the Secretaries of auxillary societies.

The Mutual Aid Society of the National Eclectic Association will hold its annual meeting on the evening of the 16th. All members of the National Association desiring to participate, will please address the Secretary, Alexander Wilder, M. D., Newark, N. J.

Application for reduction in rates of travel on the several railway lines will be promptly made, and without a doubt of success.

The physicians of the South are already awake. The National Association represents the American Practice of Medicine, and not a naturalized exotic, alien to the American nature, yet arogantly pretending to be superior in excellence, and aspiring to crush all others, in violation of every right. This is the first meeting ever appointed in a Southern State, and Southern men will welcome and fraternize with it accordingly.

Atlanta is one of the most healthful, prosperous and enterprising cities in the State of Georgia. Its summer temperature is many degrees cooler than New York, Boston, or Philadelphia. It is the home of Eclecticism in the South. We are invited thither as brothers, assured of a royal reception.

H. B. PIPER, President.

Tyrone, Penn., Sept. 1, 1885.

ECLECTICS TO THE FRONT!

We call special attention to President Piper's preliminary notice of the next meeting of the National Eclectic Medical Association, to be held in Atlanta, on the 16th, 17th and 18th of June, 1886.

Southern Eclectics never were so thoroughly awake to the vital importance of organization as they are now that the National is to meet in their midst next year. The one vital thing for us to do is to recognize our own importance in the broad field of Medicine. Eclecticism must rise to the top if we are only loyal to our principles. Our enemies are aware of this; hence their endeavors to crush us. Our fault has been criminal indifference to our interests. Now an opportunity presents in all its alluring and promising features of coming greatness. The first thing, then, is to become something of a certain known value, and organization alone can give that value. There is no exaggerating the importance of this, and how well the Allopaths knew it and worked for it with all their soul, body, and mind. We can attain it to a far greater degree. We have the talent in our ranks. We have the genius of the life Medical and the heritage of Progress within our borders. We have the golden stuff that men of great achievements are made of. Then why shan't we become the greatest of the great, if we only say we will?

Let us be constantly reminded that the work before us is not for the many, but for the individual man, and to him is the toil apportionted and to him is returned the reward. The man who says the work can go on without him, or that he needn't be at any expense, or make any sacrifice or do the labors of the prophet's servant, is a wretchedly mistaken creature, who is willing that men shall labor and toil and make personal sacrifices in order that he may live and prosper. Of such men the world is tired. Eclecticism is tired of the load they are on its back. Such men are neither strong themselves nor are they able to bring

value to anything. Strong men win, because they have strong characters that challenge the honor and respect of all high-minded men of influence.

Southern Eclectics have now the field open before them. The field is brought to us, because our brethren of the North believe in us, in our steadiness of character, in the positiveness of the make-up of the principles we espouse. Five hundred Southern Eclectics in attendance on the next National is neither impossible nor improbable. Only think what an influence such a turn-out of Southern Eclectics to the National would have upon our status throughout the South!

CRUSHING BENEATH THE WEIGHT OF THEIR LOAD OF BIGOTRY.

As our readers are aware, the American Medical Association invited the International Congress to meet in Washington, D.C., in 1887. The Copenhagen meeting of the International, in response, appointed seven eminent American physicians to form a committee of arrangements, etc., for the American meeting in 1887. Last May, in New Orleans, the Code got its hideous self injected into the whole matter by the American Medical Association, which passed resolutions and took action which declared that no person who is not in harmony with the American Medical Association on the Code question shall hold any position on any committee to arrange for the Congress, and appointed a new committee for the purpose. This was "the straw that broke the camel's back," and the revolt has become pretty general. The most respectable and eminent Allopaths have revolted, and refuse to have anything to do in any way with the Congress. The American Medical Association, its leaders and high priests are all treated with contempt, and their authority set at defiance, by the very men who, a year ago, were firm sticklers for the Code.

If the Code of Ethics of the American Medical Association is good for anything, it is good for the Allopaths, and they are finding that a full dose of Old Code is just the thing to play smash, and is smashing the Allopaths to perfection. This is encouraging to Eclectics, simply because it is in evidence of the rugged vitality of our principles. The revolt is the outcome of the New Code, and this latter is the natural results of the workings of the leven of Liberal Medicine on the Allopathic lump. Every liberal and candid Allopath now sees that the code of ethics of the

American Medical Association is the very worst foundation on which that organization could have been built. It was so built, however, and, without reverence for Truth or love of Progress, it has split in twain by the weight of its bigotry.

The American Medical Association represents nothing but the bigotry and intolerance of a past age. That bigotry that has been banished from the Church, from the State, from Civilization, alas! finds congenial resting place and a welcome home in the American Medical Association, and Allopathic physicians it represents.

The American public is having a splendid view of the real inwardness of Allopathy. The fact is, the Allopathic pot has boiled so hard that it has boiled over and scalded the cooks all around.

Where is Allopathy now? Fighting their code and the American Medical Association for their rights!

"Onward the Star of Eclectic Progress wends its way to Conquest and Empire!"

THE YEAST TEST FOR SUGAR IN URINE is the surest and simplest at hand, never misleading as is often the case with chemical tests under varied conditions of the suspected urine. The apparatus for carrying out the test is simple, and easily contrived by any one possessed of ordinary ingenuity and mechanical skill. Select a vial, 4 or 8 oz. capacity, bore a hole in the cork, then take a piece of glass tubing of suitable length and run it through the aperture in the cork; then, with a spirit-lamp, heat one end about one inch from the point until it will bend into the shape of a hook. This is the bottom of the tube; the other, or top, end is heated about three or four inches from the end and bent also to a curve, so as to allow the urine to drop out and be caught in a convenient vessel placed under it. According to this description, you can judge how long your glass tube should be for any bottle. The next thing to be done is to place urine enough in the bottle to half fill it; then add a small piece of Fleishmann's yeast to the urine; then insert the cork with the tube in it; be sure that the cork is tight in the neck of the bottle, so as to prevent the escape of gas; then place the bottle in a warm place in winter for twenty-four hours. Now for the result: If sugar is present, fermentation will be set up, the carbonic acid gas formed will rise over the surface of the urine and press it up the tube and will overflow and drop from the outer end of the tube into the vessel set under it to catch the falling drops. The more sugar the urine contains

the more urine will have flowed out of the tube into the receiving vessel. This is a pretty good way of testing for sugar in the urine, and the surest. A little practice will enable one to approximate the quantity of sugar in any specimen of urine; then, by knowing the whole quantity of urine passed in twenty-four hours, you may estimate the quantity of glucose the patient is voiding daily.

We have tested urine for sugar in this way successfully that Fehling's test failed to reveal, owing to certain other products being in the urine which embarrassed the chemical test. It may be advisable to place a similar apparatus with normal urine beside the one above described, for comparison.

DELIVERY OF THE PLACENTA is a proper step to be taken as soon as the child is born. It will be noticed that the uterus is not in a hard, contracted state when the placenta is retained; that is our experience at least. We then seize the fundus with both hands and press, with a squeeze, the uterine walls, which is sure to cause contraction of its fibers, and thus the placenta is expelled, or, rather, loosened from the uterine walls; after which we can remove it by gentle traction on the cord. We have never had any trouble with the placenta in all our practice, yet we deliver about fifteen women on the average yearly.

THE NEXT SESSION OF THE GEORGIA ECLECTIC MEDICAL COLLEGE will commence on Monday, the 5th day of October, 1885, at 10 o'clock in the forenoon, on which occasion Col. John H. Seals will deliver the opening address, and welcome.

The College is provided with all essential appliances to make the course of instruction profitable and interesting to the students. Preparation for having good clinics frequently, and as often as the Faculty can get the opportunity to bring the cases before the class, are made, and we will have abundant clinical material during the winter. As usual, dissection material will be liberally supplied, and at a cost to the student as low as it is possible to make. The Faculty have but one aim and view—that is, to educate our students up to the highest point of usefulness in a practical direction that the science and art of medicine will admit. The College building is in a state of perfect completion, and every convenience will be afforded to make the students hearts glad, and their time spent with us pleasant and advantageous.

The indications are assuring that we will have a large class, and we wish to impress it on every student's mind the necessity and importance of each being present on the day of opening. You had better make some sacrifice to be present on that day than to put it off even for a few days. Remember you are laying the foundation for a life's avocation, and every sacrifice you make now to promote and advance all and every interest connected with your education is so much solid foundation laid to assurance of future success. We believe that all our first course students of the last class, who are alive, will return the coming session. This is an excellent indication that the course of instruction pursued in this College is both satisfactory and profitable to our students.

When you arrive in Atlanta, be sure to come directly to the College building, No. 48 Butler street, where you will find some of the Faculty to give you all the assistance you will need to procure good boarding places at reasonable rates, and get your baggage from the depot.

A large number of Eclectic physicians from various points have promised to be present at the opening. We will have a good and a propitious time, and a first-rate introduction of the Ninth Session.

SULPHUR.—A FEW OF ITS VALUBLE USES.

Sulphur cures ringworm, if it is well rubbed on and into the skin so that the minute particles may come in close contact with the parasite or fungus that is really the cause of the inflammation of the skin. Mix it with lard or vasalin; no matter for proportions, only be sure to get enough sulphur in the ointment. We have cured cases of ringworm in children, located in scalp and face, with sulphur ointment well rubbed in. In two cases oleate of copper ointment (we made the oleate and know it was good) failed.

Small doses of sulphur—1 to 2 or 3 grains—given in a little milk three times a day, is almost specific in those cases of strumous marasmus accompanied with big belly, emaciated limbs, flabby muscles, unnatural appetite (sometimes none, at other voracious), swollen nose, pearly eyes, a peculiar coryza, offensive breath, very bad digestion, stools bileless. Steady treatment is seldom a failure.

Sulphur is a very good emmenagogue in 2 or 3 gr. doses, several times a day.

One of the best things we have is: ℞. Ferri sulph., ʒss; sulphur, ʒjii; sulphate magnesia, ℥j; water, Oj. Mix. Sig. Tablespoonful three or four times a day. Shake before using. It is good in eczema, in hepatic congestion, chronic chills, and anæmia from ordinary causes.

In joint diseases, especially in early stage, strumous children, sulphur in 2 or 3 grain-doses is not to be slighted because it is so simple. It is in fact an old remedy in these cases, and time has proven its value. In all coming joint diseases, rest in bed is essential, but often the health suffers from the confinement, yet we are bound to protect the joint in some way. We believe that, with a properly adjusted plaster of Paris splint to prevent movement, and a careful gauging of the sulphur, more good can be accomplished than with any other treatment. We have often noticed that sulphur does the most good when it does not act on the bowels; hence the wisdom of giving small doses. As soon as it moves the bowels stop it for a day or two, then recommence it in much reduced doses. Often ¼ to ½ gr. will do a child more good than larger doses.

Sulphur is a good remedy in chronic rheumatism, ophthalmia, and many cases of chronic metritis. We know of a cure of this latter disease that was effected by sulphur in doses just the size that would stay on the point of an ordinary pen-knife, repeated three times a day.

Sulphur is noted for curing boils and carbuncles, scrofulous sores, and enlarged glands. As already remarked, small doses do more good, or, rather, all the good in chronic cases, while large doses defeat the end in view.

THE GREAT VALUE OF NUTRITIVE DRESSING OF LARGE GRANULATING SURFACES is well shown by Dr. William Barton Hopkins in a communication to the Therapeutic Gazette. A case of injury to the arm and fore arm in which the integument was fairly stripped from the underlying tissues, and producing a general sloughing of the entire integuments, muscles and celluar tissue, leaving a large granulating surface, equal to an area of one hundred and five square inches, producing pus, inducing a constant drain of the nutritive elements of the blood, thus causing a general shock to the whole system, nervous and assimilating, anorexia, nervousness, emaciation, hectic, sleeplessness, night-sweats, elevated temperature (102—102.5). Cicitrization had

ceased and the state of granulating surface was that of exhaustion, partaking of the nature of the general system. At this critical juncture of affairs Dr. Hopkins resorted to the wise and physiological expedient of making the large granulating surface a medium for the administration of nutritive material properly prepared to fit it to easily and readily pass into the circulation, taking advantage of the natural laws of osmosis and capillary force. Accordingly, an emulsion of cod-liver oil was prepared, peptized by adding 5 grains each of pepsin and pancreatin to each fl. oz. of oil. With this the sore was dressed by soaking lint in it and applying to the surface. Soon a change for the better was observed, first in the general constitutional condition of the system, evidently through the blood on the nervous centre—renewed blood feeding starving nerve-centres. Then the local condition of the sore improved steadily. Appetite, digestion, assimilation, all improved, and the local trouble was bettered, secondarily. Skin-grafting was then resorted to for the purpose of helping to bridge the immense chasm and expedite complete cicitrization and healing. The length of time this nutritive dressing was continued extended up to the moment it was found to have accomplished its purposes—that is, awaken the new energies in the life of the system. The principles of this case is not new to us, because we used something like it in treating a large granulating surface on the back and side and abdomen, caused by a scald, many years ago, wherein we applied cloths saturated with sweet milk, lime water, and strong beef essence to the suppurating surface as soon as the patient showed signs of sinking from hectic, and the exhaustion of shock was draining on the system.

SALICIN IN ACUTE ARTICULAR RHEMATISM.—This alkaloid is now more than the peer of salicylic acid and its salts in the treatment of acute articular rheumatism. There are two reasons for this: first, it is free from the dangers that are caused by large doses of salicylic acid and its salts, which are almost sure to cause dangerous depressions of the circulation. Second, salicin is a noted tonic, and acts as such even in the large doses it is given to bring down temperature in rheumatism. It is a specific in 30 to 40-grain doses, and repeated every hour till the temperature is reduced. If needbe, 3i must be given to effect this, and the fall can be brought about in five hours if care is taken to push the dose. In many severe cases, 40 to 50 grains may be given every three hours without danger.

QUININE IN ACUTE DISEASES is a timely remedy, especially where there is high temperature lasting days together, and a low blood pressure from vaso-motor exhaustion, or, maybe, exhaustion of the whole nervous energies. Quinine is a nerve tonic of a high degree of excellence. In doses of 2 to 5 grs. it sustains the nervous system; in large doses it is a dangerous remedy in acute febrile diseases, because it paralyses or poisons the protoplasmic elements of the tissues, and in this way enfeebles the heart and the respirators. Quinine in so-called antipyretic doses should be abandoned. It is not in the true sense a safe remedy in these conditions in large doses, but a most valuable one in small doses of 2 to 5 grains, three times a day.

OUR CHOLAGOGUE PILL.—℞. Podophyllin, 1 gr.; leplandin; castile soap, aa 10 grains. Mix well and thoroughly, then make into ten pills. We have no better cholagogue pill; no better alterative to clean out the clogged up lymph ways than this combination. We have cured rebellious cases of constipation with these pills. Give one night and morning, and make the patient swallow a tumblerful of hot water in which a pinch of soda is dissolved, on taking each pill.

THE TREATMENT OF PHTHISIS is a difficult undertaking, but then we can do much more for a patient who lives where the air is constantly fresh, who has plenty of wholesome, plain and nutritious food, good shelter, and proper clothing. The best place for a consumptive to live is in a shanty on a gravelly knoll. This is better than all other means of cure, and dispenses with the use of medicines. Plenty of fresh air night and day, plenty of clothing adapted to the season, and good food are the *sine qua non* in this disease.

THE GEORGIA ECLECTIC MEDICAL COLLEGE.

The next session will commence on the first Monday of Oct., 1885, and continue till March, 1866. Faculty: I. J. M. Goss, M.D., Professor of Practice and Materia Medica; A. G. Thomas, M.D., Prof. Anatomy and Chemistry; Wm. M. Durham, M.D., Prof. of Diseases of Women and Children, and of the Parturient State; G. W. Delbridge, M.D., Prof. of Obstetrics; J. F. Hammond, M.D., Prof. of Clinical Medicine and Nervous Diseases; Jos. Adolphus, M.D., Prof. of Surgery and Physiology, and Dean of the Faculty.

This College has been rebuilt and enlarged to accomodate 300 students.

It is conveniently located, is provided with all the appliances essential to impart a thorough and practical education in all its branches. The Faculty are experienced teachers who have their work well in hand. Students of medicine will find it to their professional and pecuniary advantage to attend this College if they intend making the practice of medicine and surgery their occupation. For announcements and all other information, address, JOS. ADOLPHUS, M.D.,

Dean of the Faculty, College Building, 48 Butler St., Atlanta, Ga.

THE CENTURY for September is to hand. It opens with a frontis picture of General Grant, taken from a photograph when he was President—perhaps the best likeness of the great man ever published in any magazine, and equal to any that cost $5. Attached is a *fac simile* of his first signature on the Army pay-roll as "General retired." We also have General Grant's article on "The Seige of Vicksburg." One of the most entertaining papers in this number is "A Woman's Recollections of the Seige of Vicksburg," which gives an inside view of the hardships and anxieties suffered by the beseiged. The next paper of interest is, "Who projected the Canal at Island No. 10?" Lieutenant Schwatka's paper on "The Great River of Alaska" has a special charm, besides being profusely illustrated, because it describes the journey of the Government party of exploration under his command, opening new scenes and wonders of a new country new to the world. "The Silent South," by George W. Cable, should be read. There is much in this number to call attention to, but we have no more space. The attractions in the Century are superior, and, in fact, excel in high art.

THE New York Medical Record suggests that the best way for the Allopaths to kill Homœopathy is to absorb and appropriate it. Well, this will answer finely for the dyspeptic stomachs of Allopaths, for a full meal of Homœopathy will never cause indigestion to the weakest stomach; but let the Allopaths try a full meal of Electicism, and see what a fine alterative depuriating action they will experience, and the renewal of blood and strength of tissue they will receive.

THE Eastern Medical Journal, published fortnightly by A. J.

Marston, M. D., Worcester, Mass. Dr. Marston's is the first to attempt the publication of an Eclectic medical journal twice a month. The price is $1 per year.

BOOK NOTICES

Inebriism, a pathological and psycological study, by T. L. Wright, M. D., member of the American Association for the Cure of Inebriates. The author has endeavored, in this little book, to impress his readers with the fact (considering it a fact) that inebriism is a disease—a disease arising from a state of constitution inherited from the progenitors of the victims. He calls attention to the modifications of constitution imposed by alcohol on the human system. The appetite for alcoholic beverages that causes inebriism when it gets the upper hand of the man, which is the case ninety-nine in a hundred times, the author believes not to be a mere will of the man, but an overwhelming impulse engrafted into the moral and physical nature of the man, and beyond his control, like any other disease of the moral and phychal constitution. In plain terms, the author does not believe that inebriism is either sin or crime, but disease; and the inebriate, soaked in his wretched habits, should be regarded and treated as a morally, intellectually, and physically sick man.

We have read Dr. Wright's book; regard it with favor, though many things in it we must take time to con over; yet we believe the author is on the right track, and society will eventually come round to his stand-point of philosophy. The sooner the better.

For sale by the author, Bellefontaine, Ohio. Price, $1.25.

An Address on Cholera Infantum, by Wm. Perry Watson, A. M., M. D., Jersey City.

Transactions of the Seventeenth Annual Meeting of the Kansas Eclectic Medical Association, held at Topeka, Kans., January 27, 28–29, 1885. Edited by N. Simmons, M. D., Secretary for the Association.

We are under obligations to Dr. Simmons for his courtesy, and though slow to acknowledge yet we have never been unmindful. The Society has a membership of 140. We note the names of nearly all the most eminent Eclectics of the State in the list of members, which is the best sign that the cause of liberal medicine is prosperous in Kansas.

Transactions of the Eighth Annual Convention of the Wiscon-

sin Eclectic Medical Society, held at Kilbourn City, on Wednesday and Thursday, May 27–28, 1885. Y. S. Troyer, M. D., secretary and publishing committee, Cedarburg, Wis.

There are a number of good practical papers in the body of the book. Among them, we notice "Infants," by Mrs. Kate Troyer, M. D.; "Some of the Mental Conditions necessary to Health and Longevity," by Dr. Mary H. Stetson; "Placenta Prævia," by Mrs. Susan K. Whitford, M. D. The lady Eclectic physicians of Wisconsin are certainly in the front ranks of the profession—an excellent sign of progress.

The officers of the Society are, George Dale, M. D., president, La Crosse; C. C. Edson, M. D., vice-president, Grand Rapids; Y. S. Troyer, M. D., secretary, Cedarburg; J. F. Wellman, M. D. treasurer, Kilbourn City.

Population by Ages; a contribution to the Analysis of the Social Condition of the United States, with special reference to the cities of New York, Philadelphia, and Baltimore.

This pamphlet of thirty pages is a compilation of facts and figures from the Censuses of 1870 and 1880 respecting the distribution of population by ages. The author—Mr. William S. Landsberg, of Baltimore—has shown that the distribution of population by ages is the result of the influence which all the circumstances of a people's life exert upon its existence naturally conditioned, by births and deaths. With the difference of these circumstances varies the age-distribution, so that this, as an external symptom, makes apparent numerically the inner condition and development of the collective life of a people.

We hope the author will extend his labors, which we regard as among the most valuable and useful statistics on economies and sosciaology. We return him thanks for his courtesy.

DR. H. T. BRUCE, of Waverly, Ala., says. I have tested PAPINE; it acts charmingly as an anodyne. One of the patients could not tolerate Morphine, owing to the nausea and vomiting it occasioned. In this patient pain was allayed and tranquil sleep produced and no evil effects followed. I noticed that its effects were quicker than was usual from opium. So far I am much pleased and deem it an indispensable remedy.

THE HYDRANGEA ARBORESCENS.—The value of this native plant in renal affections was first made known to the medical public by the former editor of this journal, Dr. S. W. Butler. Recently Lambert & Co., of St. Louis, have combined the active elements of the plant with lithia in a preparation called "Lithiated Hydrangea," which unites the virtues of both these remedies. In the Chicago Weekly Review two cases of rheumatic gout with renal complications are reported by D. F. S. Senier, of Waukesha, Wisconsin, where this preparation in doses of a a drachm, thrice daily, largely diluted, acted with prompt and satisfactory effects. The combination seems to us a happy one.—*Medical and Surgical Reporter, Philadelphia.*

CASES IN PRACTICE.—I had under my treatment a lady, Mrs. Carolina Holland, 36 years of age and married twelve years, no children, who had been suffering since twenty years with painful and irregular menstruation, followed by leucorrhea and nervous hysteria at times. She had tried all kind of patent drugs, but not receiving any benefit by it consulted a number of physicians, but also without effect. The 14th of April last she became one of my patients, and I prescribed the usual formulas which were carefully prepared at my own dispensary, but to her and my own regret only gained momentary benefit. I concluded to make a trial of the following prescription:

Celerina.

Aletris Cordial, (Rio Chemical Co) aa 2 ox.

Dose: Two teaspoonsful half an hour before meals.

And as the lady suffered with constipation, I prescribed one tablespoonful of ACID MANNATE, (Rio Chemical Co.) before bed time.

For injection, I prescribed one part of the WHITE EXT. PINUS CANADENSIS, (Rio Chemical Co.) with nine parts of water three times a day.

The result has been surprising, I wanted the lady to continue the medicines, as I could easily order them from Mr. C. F. Goodman at Omaha, but Mrs. H. insisted upon not doing it, for she proclaimed having regained her youthful health and vigor, she would need no more medicines at present. Two weeks ago I saw her on a family hop, swinging around like a young lady of sweet sixteen

Very Respectfully,

C. A. BRUEGMANN, M.D.

Marysville, Seward Co., Neb., Aug. 8, 1885.

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ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

SHORTHAND THERAPEUTICS.

BY J. R. BORLAND, M. D., FRANKLIN, PA.

MALARIAL (REMITTENT) FEVER.

This disease is designated by writers as remittent, malarial, typho-malarial, etc.; but as good a name as any is the one given it by the late Prof. I. G. Jones—"Miasmatic Remittent Fever." Many write and speak of it as a new disease; but if the reader will peruse Professor Jones' description given, thirty or more years ago, he will note that it is the *remittent fever* of old writers. Its description by Eberly, Beach, Wood, Jones, and King covers all its aspects to-day, as well, if not better, than that of later writers.

Malaria is a generic term, denoting a class of fevers, and does not convey any idea, whether we are dealing with a remittent or intermittent type of disease. Typho-malaria is another misnomer. Both are calculated to mislead novitiates, and even old practitioners; therefore I prefer the good old term *remittent*, and if I desire to be more definite use the prefixes bilious, endemic, congestive, pernicious or malignant, as expressing their differential characters; and yet they are somewhat vague, viz: If I were to call a case congestive malarial fever, you might ask, Congestion of what—of the brain, lungs, liver, or bowels? So I would need to define still further in order to make myself understood.

Remittens present a wide range in different cases as to the pulse-rate, febrile action, and temperature. The pulse varying from 80 to 110, and temperature from 100° to 102° in mild cases, while in the more grave the pulse runs from 120 to 140, and

temperature 102° to 106°. *Periodicity* is the prominent phenomena of the disease, but sometimes the remissions can scarcely be noted

TREATMENT.

The remarks of the late Prof. I. G. Jones are so pertinent that I will first quote them. He said: "I have heretofore laid it down as a general rule . . . that when, upon careful inquiry and examination, you are satisfied that you have a clear case of periodic fever, you should first of all *prescribe for that disease regardless of peculiarities*, modifications, or complications. By this I mean that you are not to adapt your treatment to the removal of secondary or local affections—such as congestion or inflammation of the liver, irritation of the stomach and bowels, etc.—though these may be present; but exhibit at once those remedies which are adapted to any other form of periodic fever. First, eradicate the paramount disease, and then, provided the secondary disorders remain, it will be time enough to apply your remedies for their removal. Generally, however, Nature will be fully competent to complete the cure, after the periodic fever is subdued." After enjoining not to meddle with local and secondary troubles, which may cause loss of valuable time, and danger of prostration to the patient, he says: "I repeat, therefore, and would do so with earnestness, do not wait to deplete the patient previous to the administration of antiperiodics; give them regardless of irritation, congestion or inflammation, and, my word for it, in nine cases out of ten any local difficulty will subside spontaneously, or be amenable to subsequent appropriate treatment." These are pertinent words, as true to-day as when they were uttered. His favorite antiperiodic was quinine with prussiate of iron, 3 grains of each at one dose, repeated every two hours during the remission, to be suspended upon the accession of the fever until the next remission, then administered again. He did not have at his command those excellent remedies we use to subdue fever and reduce temperature, which should enable us to handle the disease to better advantage. While employing the antiperiodics, we can, with the specifics at our command, control the complications, congestions, etc., as they arise, with almost mathematical precision.

I am aware that this disease, in our Northern climate, is not attended with as much congestion or inflammatory action as in the South, but a line of treatment can, nevertheless, be laid down

which will cover the salient factors of the disease wherever it may occur.

The prominent characteristics are: first, a *prodromal* or forming stage, similar to other fevers, attended with *malaise*, coldness alternating with hot flashes, lasting from one to four or five days; second, a *febrile* stage, lasting from three to six or eight hours, attended with accelerated pulse and increased temperature; third, a stage of *remission*, during which the fever and temperature measurably decline, and all the symptoms are ameliorated, to be followed by another rise of fever and temperature, and the accession and remission is repeated indefinitely, unless arrested by remedies; but the cold stage is not repeated until the remissions are broken up.

If called during the prodromal stage, our object will be to equalize the circulation with aconite and gels. or bell., and ward off the anticipated fever with antiperiodics, among which quinine stands first. Usually, the physician is not called until the fever is developed, and the question is, How to carry the patient safely though the disease? in which case the indications are—

First, to subdue fever and temperature. *Remember* that the pulse-rate and volume is deceptive. The temperature should be ascertained by the frequent use of the thermometer.

Second, remove congestion of the capillaries of the skin, and induce diaphoresis.

Third, break up the periodicity, and restore secretion and excretion.

Fourth, procure rest.

Fifth, support the system.

To fulfil the first indication, ℞. Tr. verat. vir. gtt. xx; tr. ges. gtt. xxx, or tr. bell. gtt. xx, as indicated; aqua pura, ʒ iv. M. Sig: Teaspoonful every hour or two, until a remission is reached. If the fever is of low grade, aconite may be substituted for the verat.

To fulfil the second indication, ℞. Fl. ex. jarborandi, ʒ iij; aqu, ʒij. M. Sig: Give a teaspoonful every two hours, or alternate with the fever mixture. Sponge the body and limbs every two hours with soda water, to which a little alcohol or whisky may be added. After the fever subsides somewhat then proceed

To fulfil the third indication: ℞. Quinia sulph.; Ferri Ferrocyan, aa gr. xxx; pow. ipecac, gr. x; ft. pulv. no. x. Sig: One every two or three hours during the remission. If there be brain

symptoms, quinine may not be admissable, and other allied remedies—as cinch. sulph. or salicin—may be substituted for the time being.

Upon the rise of the fever, suspend the antiperiodics, and resume the fever mixture, and, unless diaphoresis has been secured, the jaborandi and sponge bath also. Allow me to observe that, if proper diaphoresis can be secured, it will reduce the temperature quicker and more permanently than any antipyretic that can be used.

Three or four such courses will usually break up the periodicity and convert the remission into an intermission; but if not, continue until that point is reached, when the fever mixture may be dropped and two or three doses only of the antiperiodic given, in the forenoon, for a few days more.

To fulfil the fourth indication, Dover's powder or bromide of potash may be given during the night; but I like this better: R. Chloral hyd. ʒ iij; aq. menth. p. ℥ ij. M. Give a teaspoonful three or four times during the night, commencing in the evening.

To fulfil the fifth indication: If the preceding indications have been properly got along with, the patient is entering upon convalescence, and the rest will be comparatively easy. R. Quinia sulph. gr. xx; tr. Ferri. chlo. ʒ ij; elix. simp. ℥ iij. M. Sig: Give a teaspoonful in one-third of a goblet of water four times a day, in lieu of foregoing medicines.

So much as to the general medication for the disease. It may be well to allude to the complications which sometimes occur, cause much anxiety to the practitioner, and knock him off his base. For the head symptoms: R. Chlorofrm, ℥ ss; sulph. ether, ℥ iss; alcohol, ℥ ij. Sig: Add a tablespoonful to a teacupful of water, and bathe head with it every hour or two. If this does not relieve, apply a blister to the base of the head, between, and as high up as the tops of, the ears. I have seen almost immediate relief of head troubles follow the application of a blister.

Irritation of the Stomach may be troublesome; in which case ascertain its chemical condition. If the tongue be coated yellow or brown, with red base, administer small doses of acid nitro-mur. c. (white liquid physic) with tr. baptisia added. If it be coated white or a dirty white, give alkalies or sulphite of soda. If the tongue be dry, add phytolacca to either of these prescriptions.

If the lungs take on congestion, apply fomentations to the chest, and give aconite and bryonia.

If the bowels become irritable, and diarrhœa ensue, as is frequently the case in the so-called typho-malaria: ℞. Fl. ex ergot; tr. cinnamon, aa ʒ ij; oil erigeron, ʒ ss. M. Sig: Give 20 drops once in three or four hours till controlled. (Ergot is also a fine antipyretic.)

If the kidneys are faulty in action, and urine scanty and high colored: ℞. Potass. act. ʒ ij; fl. ex. buchu, ℥ ss; spts. nit. due, ℥ iss. M. Sig: Give a teaspoonful in water three or four times a day.

DIET.

I do not believe in much feeding during the continuance of the fever, but allow the patient a little of almost any kind of food he may desire. I know of no better way to make a case of continued fever out of a simple remittent than frequent feeding with milk and egg-nog. It will do it nicely. I made a bill of $200 once in that way, and got it. I will not be enjoined by such fallacious teaching to repeat the experiment. The patient was fed on milk and egg-nog *secundum artem*. I had a four months' job, and earned my money by persistent attention, legally, if not wisely.

I firmly believe, with our knowledge of specific medication, we should be able to cure every uncomplicated case, and nineteen-twentieths of all the rest of these so-called malarial fevers.

CASE BOOK.

BY C. D. R. KIRK, M. D., FERN SPRING, MISS.

Quite a fatal epidemic dysentery has prevailed during this summer in an adjoining county, and many cases have occurred through this county. An old physician in Kemper county lost forty cases. I did not learn what per cent., but am certain it was very great—over seventy-five. The old doctor is very "regular." The writer has been entirely successful, and can safely recommend his treatment.

My first case was a young man as stout as pig-iron, but as poor financially as he could well be to exist. The disease came on slowly, or at least was several days in forming, and was fought with domestic remedies to the patient's and friends' best ability. When the writer was called, he found the case one of the true epidemic variety. It filled the description of the fatal disease as described by persons who has seen cases of it. There were ac-

tive hemorrhagic discharges from the bowels, with great tormina, a dry tongue and rapid pulse; the bowels were acting every ten to fifteen minutes, and with such severe pains that sleep was impossible; the face wore a tired look, with a dusky flush; the tongue had the same dusky color, and a dirty brown coat; the pulse was small and hard.

As treatment: I ordered a brisk cathartic of salts or oil to undo the astringent teas he had taken, and to be sure that there was a free passage from the stomach, clear of all matter that might be in the way of other remedies, and that would act as irritants to the inflamed region in passing through it; then the pulse was controlled with aconite, the tormina with gelsemium, whilst ipecac and baptisia, in small doses, with sulphurous acid, destroyed the zymotic poison, and gradually checked the active discharges. In three days the man was almost entirely relieved, and by a fluid diet, and maintaining a recumbent position, was soon well and at work again.

Leon Mc——, aged two years, was taken with active diarrhœa and vomiting, a very high fever, with cold extremities, and symptoms of spasm soon followed; there was an oppressed pulse and labored breathing; the tongue was bluish-white or a milky-pale, with prominent papilla; the abdomen was full and tender. I applied hot steaming rocks to the extremities and used cold water to the head and chest. The tongue called for calomel in small doses, which was given, combined with santonin. Ipecac and aconite were given to control diarrhœa and fever, and a few doses of gelsemium to relieve the tendency to spasms. Under this treatment, all went finely for the first twelve to twenty hours, when a new set of symptoms appeared, which changed the nature of the case. The pulse became full and bounding, very tense, and, without any effort observable in the way of tormina, there was a full action from the bowels, consisting of clotted blood. The hemorrhage, which, after the first, was free blood, very dark, continued, the bowels acting every ten or fifteen minutes; the tongue was soon full and coated dirty-white; the face wore a dark or dusky flush. My treatment was changed to veratrum and ipecac, alternated with baptisia in a solution of sulphite of soda. The symptoms were marked, and I felt easy as to the final results, but was not a little amused to learn, through the parents, of the friendly advice, in my absence, given by friends in passing. Some knew that blackberry wine would cure very rapidly;

another had never seen red-oak bark tea fail; two doctors called also—one would treat with leptandrin, and the other would advise muriatic acid in addition to what was being given, though they didn't have any clear idea of what my recipe was composed! To treat a simple sporadic case of dysentery is quite a different task to that of finding a safe plan for the epidemic variety. The former will admit of guess-work to almost any extent, provided astringents are freely used; but the latter is supported by a zymotic or blood poison, which must be antagonized in some way or other, or the patient is in imminent danger. Strong astringents and opium should be given with great caution, and quinine is admissible in the fewest number of cases, and very dangerous in a majority, as it has a tendency to cause a metastasis of the disease to the brain.

CAVITY IN THE LUNG—SEQUELA OF PNEUMONIA.

BY E. C. ROTHROCK, M. D., TEXAS.

These two cases were very interesting to me, and supposing they would be to others I concluded to report them:

January 1, 1880, Mr. B——, twenty-one years of age; single man; was taken down with pneumonia; was confined some four weeks; during the sickness he was very low; his friends and medical attendant thought he would die. In February he would go about, but would take to his bed for several days at a time. About March, he was taken sick with some lung trouble, and gradually got worse until the last of the month. In consultation, three physicians decided he would die—impossible to recover. A few weeks after this, I saw the patient for the first time, and commenced treatment.

On December 10, 1884, Mr. B——, twenty-two years of age; single man; was taken with pneumonia in the right lung.

As both cases were very much alike, I will describe the last one. In two weeks he was convalescent, but relapsed about the first of January, 1885. I saw him on the 15th of the month. The patient was thin in flesh; debilitated; complexion sallow; pale; cheeks flushed; pulse 120; perspiring at night; tongue coated yellow; respiratory movements confined mostly to left side. Right side, behind, dull on percussion below spine of scapula; feeble respiratory murmurs along the spine and tubular. In front, the dulness extended a little below the clavicle, down, near the nipple, with tubular, cavernous respiration and broncho-

phony; voice-sound nearly absent in the area of dulness. Left side, posteriorly, resonant respiration, rather loud and puerile in upper part of chest and around to axilla; some crepitation at end of inspiration; apex of left lung at expiration a blowing sound; enlargement on right side between first and second intercostal space; circumference of right side half an inch more than the left. There was no doubt but a cavity, containing pus, existed in the right lung. Dry cups were used, and a turpentine plaster applied to the parts; aconite was administered to subdue febrile excitement, and mild expectorants to aid expectoration. On the 17th, fluctuation became apparent; dyspnœa, with some palpitation of the heart. A hypodermic syrine, with a long needle, was introduced at a point where tenderness and fluctuation were observed, and a syringeful of pus mixed with blood was obtained; the aspirator was then used, and a half-pint or more was drawn off. The patient was relieved. The next day the pulse was 100, and he had passed a very good night. Elix. chloride of iron and gentium, three times a day was given, with quinia every four hours. The next ten days the fluid again collected; breathing hurried and difficult; pulse, 120. Preparations were made to use the aspirator again, but, a violent fit of coughing coming on, the patient spit a pint or more of pus, which gave him great relief; respiration becoming easy, dulness diminished, and the respiratory sounds were audible in the upper portion of the lung. On February 1, the pulse was 95; bowels regular; some appetite. Diet principally milk and beef tea. We now changed the treatment: Hypophosphites of soda, lime, potash, and iron, three times a day; emulsion of cod-liver oil, with malt, three times a day, alternated with the first every fourth day; also, creasote, 1 drop, three times a day, with egg-nogg and whisky toddy every three or four hours, in small quantities; with diet of sweet milk, beef tea, chicken soup, rice, light bread and fresh butter, soft-boiled eggs, tea; diet to be changed—first one and then the other—to suit the taste of the patient. This treatment was continued until May, when the patient was discharged; but the hypophospites were continued for six weeks after. From the first of February until the middle of April, every few days, quantities of pus (sometimes offensive) would be spit up. About the first of April crepitation and gurgling were noticed below the right clavicle, in place of bronchial breathing. A mustard poultice was applied for an hour; then varadia and iodide potash ointment

was used three times a day for five days, with great advantage, relieving the cough, and expectoration gradually diminished to a few ounces in the twenty-four hours, and ceased entirely in May, the abnormal sounds being replaced by healthy respiratory sounds.

In these two cases nothing whatever was used to debilitate; no bleeding, even by cups; no blisters, no mercury, no antimonia, no lobelia; everything was done to build up, and assist Nature. Both young men are well, fat, and hearty. Some little difference in sound and circumference of the two sides of the chest. The condition of the lungs may be referred to deposit of tubercle, softening, producing an excavation in the right lung. Could not the condition be accounted for by pleuro-pneumonia, consolidation of lung, with pulmonary abscess and excavation? We incline to the first supposition, as the cause in both cases—a deposit of tubercle; but allowing either one or the other as the cause, the perfect recovery of both cases is remarkable, one being sick seven months, and the other six months.

RHEUMATISM.

BY J. M. ALLEN, M. D., MONTICELLO, ARK.

Humidity, with a sudden reduction of atmospherical temperature, is, doubtless, one of the prime exciting causes in the production of this disease. Perhaps, said cause is paramount to all others. The reduction of temperature acts direct as an excitant in rheumatism, because such interrupts the elimination; such produces a partial, and, often, total, suppression of the cutaneous excretory organs, and, therefore, superabundance of material exists. An excess at manual or bodily labor, or want of a proper amount of physical exercise, and, in fine—without itemizing in detail—anything whatever that produces an unbalanced state; that breaks down that physiological equilibrium so exactingly and imperatively demanded by the organic laws of our physical being, is primarily concentive, and does excite and establish this pathological condition. In fact, anything whatever that causes a check, an impairment of the disintegrative and eliminative functions of the system, produces said disease.

And, as regards the pathological procedure of rheumatism, it selects different localities of the system upon which it manifests and exhibits its virulent and direful influences; but, usually, it

primogenially attacks articular surfaces. Sometimes it seizes upon the muscular tissues, and, again, its pernicious bearings are spent upon the heart and other vital organs. And, it matters not upon what part rheumatism exhibits itself, the causative origin is the same; its pathology springs from the same cause—e. g. a superabundance of excrementitious material lodged within the tissues, juices, and blood of the system.

All pain is produced by pressure upon the sentient nervous tissues; hence, all infiltrations—all engorgements by an excess of material—result in *sthenic* and *asthenic* congestion, the sequence of which is pain, plus or minus. In fact, it is exceedingly difficult to conceive the idea, how it is possible for disease to exist without the existence of congestion, either sthenic or asthenic. All pain is the legitimate sequence of congestion, and congestion is the consequential factor of the check, or total suspension, of the eliminative function. Furthermore, the constitutional chemical elements which have served their prime physiological purpose in the economy, and having failed to make their exit *per vias naturales*, have not only the characteristics of *surchargment* to the system, either locally or generally, but also the baneful type of their toxic effects as well. Therefore, if the propositions above stated be predicated upon correct basis, it is not difficult to arrive at the primal true origin and development of rheumatism.

So long as the grand equilibrium so vitally important to the system, between the antagonizing functions—e. g. recuperation and elimination—is maintained, it is a matter, reader, of a physical impossibility for the escutcheon of disease to exhibit his dreaded attacks upon the human economy.

Now, in reference to the treatment of rheumatism, I would remark that quite a number of therapeutical plans have been exhibited, and that, too, by physicians consciencious in their different ways and means. Some suggest what might with propriety be termed the liniment; others, the acid, whilst others still recommend the alkaline treatment. Now, reader, in reference to the treatment per liniments, in my opinion is futile—a subterfuge; because such can never aid in reestablishing the functions of elimination, the check of which being the primal cause of said disease. And in regard to the acid and alkaline treatments—such, if required according to indications, fulfil the place adjunctively and as aiders to a successful therapeutics; but, then, the treatment from which the best success has occurred embraces

in its therapeutical characteristics those remedies which augment in a physiological bearing the eliminative functions—that arouses the *four* emunctories of the system to the discharge of their functions physiologically.

[TO BE CONTINUED.]

THE ACTION OF MEDICINE—METABOLISM, ETC.

BY I. J. M. GOSS, A. M., M. D.

We cannot enter into a full discussion of all the peculiar changes produced upon the various organs and tissues of the body by remedial agents, but will first discuss the action of the alteratives—*Catalytics—metabolico.* The word "*alter*ative" is not an exact word, and should be used carefully. We mean by the word "alterative," that we can increase the amount of work done by an organ in a given time by a local stimulation of it, etc. Catalysis, or Metabolism, means that we can break down the pabulum, the lymph, and the proper elements of an organ or tissue more rapidly by certain remedial agents. We know that certain medical substances increase metabolism—such as iodine, phosphorus, arsenic, sulphur, sulphides, and certain vegetable agents, such as sarsaparilla, guaiacum, stillingia, corydalis, phytolacca, chionanthus, menispermium, and many others of this class. Each one of these agents, in its own peculiar way, increases tissue waste. Iodine, for example, may enter into combination with living protoplasm, making it do a certain amount of work; and, to a certain extent, it has effected a change and a renewal of the proper molecules; it also hastened the nutrition of certain parts; which action is called alterative, metabolic, etc. The essential condition of success of alterative agents is a free supply of normal metabolic materials. Food and air, as well as physical exercise, are essential, so that the reconstructive action may keep pace with the destructive action of metabolism.

Medicines possessing a powerful action thus, may be justly called alteratives, or catalytics; but the action of such remedies should always be accompanied with food and air. Alcoholic drinks lessen the action of alteratives. Quinia, by lessening oxygenation of protoplasm, also opposes metabolism Alcohol, quinia, resorsin, kairin, chinolin, and salicin and other like antiseptics diminish the activity of the natural metabolic ferments, and thus lessen the tendency to downward metamorphosis, or

oppose the action of alteratives. In most cases where alteratives are prescribed, tonics should accompany them, especially where such remedies do not contain a tonic.

The disorders of metabolism are various and complex—such as syphilis, scrofula, struma, gout, cancer, and some others. Some cases of metabolic disorder may be traced to improper ingesta. An excessive supply of lymph to the cells, an unnatural richness of the blood in proteids, from indulgence in rich food, or an imperfect respiratory power, lessening the supply of oxygen, will lessen metabolism. Deficiency of healthy plasma is the result of anæmia, and, when accompanied with *aglobism* and deficiency of oxygen, it produces imperfect metabolism throughout the entire organism. Temperature, moisture, the electrical conditions of the air, and local changes otherwise, may affect metabolism.

Such disorders of metabolism as fever, contagia of measles, scarlatina, and other exanthemata, and the organisms of malaria, syphilis, and tuberculosis are due to the entrance of an unnatural, or infective, substance into the blood. These organisms interfere with metabolism, perhaps, by reproducing their own like at the expense of the proper pabulum of the tissues. In case of fever, the poison develops heat, and otherwise produces change.

PHARMACODYNAMICS OF CATALYTICS.—The question of the use of alteratives in therapeutics of syphilis, gout, rheumatism, scrofula and other like morbid or pathological manifestations, involves some very interesting reflections. Alteratives probably act by exercising an organ or tissue. It may be asked, then, how that exercising benefits an organ or tissue which is the seat of disease? Syphilis is characterized by masses or patches of small-celled growths, with special anatomical relations to the death or destruction of the part affected. How does iodine, iodides, and stillingia, corydalis and other like catalytic remedies remove these growths to cure syphilis? There are two ways by which this may be accomplished: First, there may be a demand for increased metabolic change to remove excessive growth. Iodine and other catalytics act mostly in this way to remove syphilis and scrofula. These remedies hasten the life-process of the young cells so much that the cell rapidly disappears in the form of certain products, or are absorbed. Failure of nutrition must be prevented, however, by food and fresh air. And, in the second place, exercise may bring the tissues into a new or normal state of function.

[More anon.]

sol. acid carbol. Continued this treatment for ten days, save the salts, and kept him lying on his back. Suppuration set up the third day—which I was not surprised to see, as gun-shot wounds never heal by first intention. Some of my brother M. D.'s said there were a thousand chances against him, where there was one for him; but now Mr. S—— is up, and says he feels as well as ever, and has no trouble on micturition. He continued the use of the catheter for thirty days.

While attending this case, I was asked the question many times, "What are you going to do with the ball; are you going to take it out? If you don't, he will never get well." I would answer the question by asking, "How many men are there carrying lead, who were shot twenty years ago?"

Now, to the readers of this most excellent JOURNAL: Keep your own counsel; act on scientific knowledge, after viewing the facts, with common sense, and when you have achieved your victory the mass of the people will think you are the wiser, and say you wear a laurel in your crown.

A NEW THEORY.

BY FRANCIS A. EVANS, M. D., NEWBERN, TENN.

Dr. Bachelor, of Illinois, has been very cleverly arguing for some time that ague was produced by the bite of a mosquito—that in biting, a venom (possibly a *miasma vivum?*) was deposited, which Nature, ever on the alert, at once encisted; but which, under favorable conditions (to the venom), become diffused, and a paroxysm was the result. But just as I was on the eve of half-way believing there might be something in it, up steps a correspondent of the New Orleans Times-Democrat, loaded down to the guards with corroborating testimony, and positively asserts that the bite of this *genus culex* is both pleasant and healthful; that laborers in the swamps of Louisiana, who are constantly bitten, are scarcely ever affected by malarial complaints, while those who use bars to prevent the surgical operations of the little cuppers are constantly assaulted with swamp fever; that to demonstrate this it is only necessary to abolish the bars, sit quiet, let 'em bite, and in a few days one will feel an improvement in health and animal spirits. So, another theory, like most medical theories, must await for grand development the organization of State Boards like unto the one Illinois has!

REVIEW.

BY I. J. M. GOSS, M. D., MARIETTA, GA.

I have just had the pleasure of examining the hand-book on Materia Medica and Therapeutics, written by J. Mitchell Bruce, and published by Henry C. Lea, Son & Co., of Philadelphia, Pa. The design of the work is to furnish the student with reliable therapeutical outlines in the treatment of the various diseases of which it speaks; and, while the common old remedies are well written up, the author, like all English authors, leaves out most of the new American remedies—which is very unfortunate. But the very critical description of the toxical and therapeutical effects of the old remedies entitles the work to a place in every man's library, and will not fail to aid the student, as well as the practitioner, to meet the various diseases of our climate. The book is in pocket size, but contains 547 pages of rather small type. It is worthy of being published in library size, and I think would give much better satisfaction to the general profession, as but few men care to purchase a book of pocket size. But the very accurate therapeutical disquisitions along through the work will always command the attention of all who are searching for the direct action of remedies. Get it and read it, and you will like it without a doubt.

FOREIGN BODIES IN THE DIGESTIVE TRACT.

BY E. CARMICHAEL ROTHROCK, M. D., TEXAS.

Judge J. O——, aged 76, applied to me for treatment in April, 1885. He had been sick since September, '84; had been treated in that time by several physicians; he would get some better, then worse. His trouble appeared to be chronic gastritis and intestinal catarrh. We treated him with variable results. He would improve for a week or so, then get worse. After treating him for four weeks, I lost sight of him, as he lived some distance from me; he, however, placed himself under another physician, who treated him for six weeks, when he died. A few days before death he vomited six persimmon seed and a grain of corn! According to the patient—who was a reliable man, and one who stood high in the estimation of the community—he had last eaten persimmon eight months previously to vomiting up the seed. There is no doubt but the gastro-intestinal disease was caused by retention of the foreign bodies (seed) in the digestive tract. We have cases recorded where foreign bodies have been retained much longer than this.

ABSTRACTS.

ANTIPYRIN.

BY A. W. ABBOTT, M. D., MINNEAPOLIS, MINN.

Antipyrin was discovered by Dr. Know, of Munich. It is a coal tar product and said to be a dimethyloxy-quinine or chinzine chloride, in the form of a yellowish white, crystaline powder about three times heavier than quinine. Under a power of 250 diameters the powder is seen to consist of crystaline masses made up of thin superimposed plates, usually four-sided with rounded corners, and having between them very small crystaline bodies made up in the same way, giving to the whole a very unique appearance. The small interposed bodies looking very much like small starch granules. When dissolved in water and allowed to re-crystalize on the slide it spreads out in thin feathery masses, which show at their edges the same inclination to the superimposition of thin plates. On the application of heat the powder melts, and then evaporates without change of color and without perceptible odor. It has a slightly bitter pungent taste very similar to that of horse-radish.

The color of the powder is said to darken on long exposure to light. It is a neutral salt, changing neither red or blue litimus. It is soluble in 2 parts cold and ½ part hot water, from which it will not crystallize on cooling. It is also very soluble in chloroform, less so in alcohol and still less in sulphuric ether. It is soluble in nitric, hydrochloric, sulphuric and acetic acid without change of color; carbolic acid throws down a white, silky deposit from an aqueous solution; the alkalies also cause precipitation from solution.

The common tincture of iron sesqui-chloride turns antipyrin a deep scarlet red. This test is so delicate that if one grain of antipyrin be dissolved in four ounces of water, making a solution of 1 part in 2,000 nearly, the reaction takes place perfectly. Making the solution with urine instead of pure water does not materially interfere with the test. If, however, the test be made with urine passed after the ingestion of antipyrin, there is a material difference in the result, namely, the color while a deeper red is at the same time transparent, which shows that the antipyrin is not eliminated by the kidneys as such, but has under-

gone some change in its passage through the body. The best way of making the iron test in urine is to drop it very slowly and carefully upon the top of the urine in a full test-tube. If antipyrin be present a red tinge will appear upon the greyish cloud which first forms upon the urine. If no antipyrin or its product be present in the iron, only the grey cloud will appear.

It has been stated that nitrous acid produces a green in a solution not stronger than one part in 10,000, but we have been unable to verify this in a solution weaker than one part in 2,000 and then not if a small amount of urine be present. A convenient method for making this test is to add a few drops of amyl nitrite to a solution of antipyrin, and after shaking thoroughly to add a drop or two of hydrochloric acid. This liberates the nitrous acid of the ayml nitrite and a beautiful green is produced. After standing for 12 hours the green separates as a thin scum and the residuum changes to a muddy brown. As has been said a small amount of urine interferes with this test, so that it is of course useless in urinary analysis. The urine seems to prevent the decomposition of the amyl nitrite. In making this test it should be borne in mind that the fumes of the amyl even if diluted by the air of a small room may produce very unpleasant effects on the experimenter.

It has also been stated that potassium chlorate produces a yellow deposit in a solution of antipyrin. We have been unable to verify this, but have found that nascent chlorine will produce a turbid yellowish-brown precipitate. This test may be made in the following manner: Put a little of Labarraque's solution into a test-tube and pour down upon it a solution of the antipyrin The latter solution will then float upon the hypochlorate solution. Disengage the chlorine by heat or nitric acid. As it amasses in gaseous bubbles it comes in contact with the antipyrin solution and a yellowish deposit is thrown down, which changes to a yellowish-brown.

Antipyrin has the faculty of bleaching an acid solution of permanganate of potash. This test may be made in the following manner: Take two grains of pot. permang., mix with water f ℥i, add a few drops of a 1 per cent. solution of antipyrin and the color remains; add two or three drops ot nitric acid and the color disappears. If the nitric acid is first added, the color will not change until the antipyrin solution is mixed with it. As urine has the same effect as the antipyrin in this test, it is useless as a test in urinay analysis.

The presence of antipyrin, or the product of it that is eliminated by the kidneys does not interfere with the cupric oxide sugar test, so that it need not be taken into consideration in diabetic urine.

Prof. Demme, of Berne, has investigated the physiological actions of the drug, and finds that 5 grains given to frogs and 20 grains to rabbits produced speedy death from paralysis. With smaller but frequently repeated doses therere occurs excitability of the brain and spinal cord and vaso-motor centres, as shown by tetanic muscular spasm and increased arterial pressure. If these doses were continued there occurred loss of reflex excitabilty and a diminished blood-pressure, notwithstanding the heart remains active. This is borne out by the observations we have made that the pulse seems to have good volume and the spirits of the patient cheerful, even when there is an apparent collapse, i. e., profuse sweating with temperature below normal.

Another physiological effect is the change of color of the urine, which we have found constant in those who have taken antipyrin a few hours before. It is a bright red, much like that produced by adding a very small amount of blood to the urine. There is no blood, however, in such urine, nor is there albumen. Reduction of temperature below the normal is another physiological symptom and is usually accompanied by free diaphoresis.

Filehue, of Erlangen, first used antipyrin to reduce fever. He found that doses of 30 grains, sometimes needing repetition, would reduce tne temperature in an adult from 104° F. to 100.4 F. without unpleasant results, and that the reduction took place gradually in 2 or 3 hours and usually lasted from 7 to 9 hours; also that the slowing of the pulse followed the decline of the temperature. A great number of subsequent observations substantiate Filehue's statement, and it can now be positively asserted that antipyrin in sufficient doses will under *all* circumstances, if absorbed rapidly, reduce an abnormally high temperature, without disadvantage and generally without unpleasant symptoms. It will not only invariably reduce a high temperature but will indirectly relieve all those very disagreeable and dangerous symptoms which are the direct result of the pyrexia. We say the direct result of the increased heat and not of the intrinsic poison of the disease, because, while antipyrin has not been found to cure or shorten the natural limit of any disease, it will relieve the unpleasant symptoms which are present when the fever is high

and absent when the normal temperature is reached, and which will return when the fever returns and in proportion to the fever, no matter if the temperature has been in abeyance for a long time. Antipyrin may then safely be classed with these remedies which invariably act in a certain definite way. It can always be depended upon to reduce the fever symptoms. Opium, quinine, the cathartics, iodine, mercury and arsenic are, if anything, less certain in their proper respective spheres of action than antipyrin. While this is fortunately true, it is as true unfortunately that antipyrin is simply a reducer of temperature, and in no sense a bacillicide, and that while it mitigates it cannot be expected to shorten or cure any disease. It is fair to presume that the immense relief and comfort afforded by this remedy, as well as the prevention of rapid diseases destructive by high heat, will lessen to some extent the mortality in diseases when it is applicable. To what extent this is true must be determined by future statistics.

Its range of usefulness is wide. It may be said to be applicable to all diseases wherein fever is a symptom. Diphtheria is the only disease of this class in which it has been suggested that it was inapplicable on account of the cardiac depression incident to the disease.

Its effect in the typhoid form is brilliant. Let us call to our minds a picture of which we have all unfortunately seen too many copies. A young man, twenty years of age, who has been sick ten days, is lying on a disordered cot before us, his pillow stained with blood from his nose and liquids which have been spilled in his uncertain attempts at drinking. He cannot keep his sordes-covered teeth protected by his thin lips, and long grooves are beginning to show between the tendons. He tries in vain to wet his dry lips with his dryer tongue, his skin burns the hand that feels the twitching of the tendons beneath; he moans unconsciously and mutters something in his delirium which we cannot understand. We turn down the bedding and place our hands upon a distended abdomen, while the well recognized odor tells of involuntary discharges. We put the thermometer in the axilla; it registers 104 4.5° and we count a pulse of 122 and weak. How many times have you stood disheartened before such a picture? But now we turn to the mother, who stands beside the bed and who has taken many a look at this sorrowful picture, but sees in it even sadder colors than we. We comfort her by saying: "Madame, while we cannot tell what the outcome will

be, we can assure you positively that in three hours your son will know you; his skin will not burn your hand; he will talk to you rationally, with moist lips, and then perhaps fall into a quiet slumber." This is no fancy sketch. The second picture is as true as the first.

If given during the prexia of the chill of ague the sweating will immediately follow the temperature defervescence, and quinine can be immediately given. In puerperal septicæmia it will hold fast the strength that is already started on its rapid flight. In the fever of indigestion or cold in children, the mother will thank you for the rest it brings to her as well as to the child. In scarlet fever it anticipates the result of continued high body heat. In sunstroke it does as well for the sudden intense heat. In pneumonia and brochitis it answers as well.

With small doses you may forestall the afternoon flush of the consumptive, and in surgical fever you can leave your patient with only his pain and weakness to combat.

While hitherto no known remedy approaches this as a reducer of temperature, it is yet not the ideal antipyretic. The bulk is too great; it tastes badly; it sometimes nauseates, and less often brings out a very amazing eruption almost identical with that of the measels, papular, crescentic, and darker than the surrounding skin. That a careless administration might be followed by collapse is unquestioned, but this danger may be always avoided by beginning with the minimum dose. It does not seem to affect or be affected by other remedies given at the same time. It should be remembered, that there is a difference in the susceptibility of persons of the same age to its effects. Ten grains will begin the reduction of fever, with sweating in fifteen minutes, with some, while others will require 20, 30 or 40 grains. In phthisis the dose needed is always small. A larger dose is generally required for a rising temperature than during defervescence. Children may be given doses in grains equal to their years of age. We have found it necessary to increase the dose to get the same effect after long continuance in one case only. When the eruption appears the fever is more easily controlled afterward. Doses may be repeated every two hours if the temperature does not begin to fall.

It may be administered by the mouth, hypodermically or by the rectum. For the two latter the aqueous solution is the most ready and desirable way of preparation. By the mouth we may

use it in compressed tablets, wafers, dissolved in water or freshly in wine, and to children in syrup of tolu. One-half doses will usually answer hypodermically as in sunstroke or during delirium, while double doses may be required by the rectum. One objection to the administration by the mouth in solution is that it often produces a very persistent dryness of the throat. The rectum should be used immediately if nausea comes on.

One advantage of the remedy is that, after a few visits to a family of ordinary intelligence, you can leave the control of the temperature safely to them. A little effort will enable you to make any one understand the manner of using, reading and washing a thermometer, and of keeping a record of temperature and medicine given. Then by ordering a certain number of grains when the temperature reaches a certain point, there is no danger of mistake, and the attendants will not only have something to do but will take pleasure in furnishing you with a very intelligent record of the case, and the doctor and the patient be saved at least one visit a day.

We would suggest the use of antipryin as a diaphoretic as well as antipyretic in acute desquamative nephritis.

It is to be hoped that the clinics of the near future will find for us a safe and delicious antipyretic, diminutive in bulk and free from all ill effects and proprietary stamps.—*N. W. Lancet.*

TREATMENT OF HEMORRHOIDS BY INJECTION.

Let me now state a few general facts. After an experience which I consider amply large for a fair test of this plan, it has become my routine practice. I no longer advise a patient first to be operated upon, and then adopt injections when he or she has refused, as was my former practice; but I advise this from the first, and promise a painless, radical cure in a few weeks without confinement to the house. This point of confidence was not reached without many misgivings. I had the benefit of nobody's former experience, and had to reach my own conclusions by trials on carefully selected cases. In all my cases, I never have known a patient abandon the treatment after it was begun, but once or twice. In one of my early cases (I think the third in which I practiced it) the gentleman suffered more from the first injection than he ever had from his piles, which were really very insignificant; and having an intercurrent attack of malaria, abandoned the idea of being cured.

In another (an hysterical servant girl) there was terrible imaginary agony before I was able to make an injection at all, but after it was made she announced that the pain was really trifling. In one other case, a man began the treatment and disappeared after the first injection, but probably because of a sudden call to the West, which he warned me might come at any time. One case, therefore, refused to continue the treatment on account of pain, and two disappeared after the first injection for some unknown reason. These are the only ones in my experience who, after the first injection, were not anxious to continue till cured, and were not under observation to the end.

In all of my cases I have never failed to effect a perfectly satisfactory cure—one which I consider as radical as by any other treatment. Many of them have been under observation four years since the cessation of the treatment with no return of symptoms. If in any case there has been any return I have failed to hear of it, and as I have been particularly anxious on this point, and have offered every inducement for patients to return, I should probably have heard from some of them.

In no case have I had an accident of a serious nature. Never any signs of embolus; never any serious sloughing or inflammation; no trace of pyæmia or hemorrhage. The injections which I use varying from the pure carbolic acid to a 10-per cent. solution of the same, often cause a slough; but the amount of sloughing has always been in direct proportion to the strength and quantity of the injection; can be regulated at will; and has never been of sufficient extent to cause the slightest mental uneasiness. In some cases I deliberately cause a slough each time I make an injection; in others I carefully avoid a slough. Either can be done at will.

There has never been any constitutional disturbance, any retention of urine, any febrile reaction, or any of the usual symptoms following either the operation with the ligature or the clamp; and I have never been troubled by a wound after the separation of the slough which has required any additional treatment to induce it to heal.

There is one more point. In my experiments on this subject I have tried iron, ergot, and ergotine, and have abandoned them all. In cases even of severe prolapse, I prefer to inject carbolic acid into the tumor rather than ergotine around the tumor. It causes less pain, and is more reliable. The strength of the solu-

tion of carbolic acid varies greatly. I have three solutions constantly ready—one of 15 per cent., one of 33 per cent., one of 50, and sometimes use the pure acid. In a severe case I begin with the stronger ones, in a mild case with the weaker. A bad case of well defined prolapsing internal hemorrhoids is much better to treat than mild case of small tumors near the sphincter. It is unnecessary to repeat what I have already written (see work on the Diseases of the Rectum and Anus) as to the practical details of the treatment. One object in writing this is to answer numerous letters from practitioners to know whether I am still satisfied with it and continue to recommend it.—*Kelsey, in Amer. Jour. Med. Sciences.*

TEMPERATURE IN TYPHOID FEVER is well worth close study. We may observe a steady but slight rise in the evening temperature up to the end of the first week. About the seventh or eighth day a steadfast point is generally reached, which, in simple cases not disturbed by perturbing influences, may stand at about 103 to 103.5, and continue on till the fourteenth or sixteenth day with probable slight oscilations of 0.5 to 0.75 of a degree. Now a point of marked prominence has to be noted, from which we may draw prognostic inferences and predictions. First, if a rise of 1 degree is noted, and there be also some marked signs of disturbance of the nervous system—as wakefulness, delirium, restlessness, or a slight diarrhœa; or if the rise be 1.50 and commence early in the afternoon and continue on steadily—we are then to look out for some serious disturbance near at hand, and that of an inflammatory nature. A sudden decline of a degree or so under the same circumstances betokens approaching collapse from exhaustion of the protective forces of the economy, and, as we believe, hemorrhage is often a result of this sudden collapse of the organic nervous forces in this stage of typhoid fever. In either case, we are sure the trouble is mostly due to defective nutrition, and a careful attention and regard to feeding, nursing, clensing, ventilating and the hundred and one little needful attentions that are too often neglected in the latter part of the course of typhoid fever, because the friends and nurses are tired out and exhausted. The night is the period of danger, and this is exactly when the patient is sure to be neglected. We have frequently called attention in these pages to these apparently little and trifling points, yet how pregnant they are with the seeds of life or death!

EDITORIAL.

ANTISEPTIC INHALATIONS in phthsis and other lung affections are gaining favor every day with practical men. In 1850 several distinguished French physicians published favorable reports of iodine suspended in hot water, and inhaled in phthsis, but little attention was given to the matter, owing, no doubt, to the prevailing opinion that phthsis was incurable. Since the discoveries of Koch, which have brought to light the peculiar bacillus of tuberculosis of the lungs, a great change has come over the opinion hereto entertained regarding consumption, its etiology, and whether Koch really has found the cause, or only the result, of pulmonary tubercle, matters little in the turn the new way of viewing tubercle is concerned—only this is in point: The local treatment seems to have some foundation for the preference given it, on account of the results that appear to come out of it.

Among the many antiseptics that bid fair to come into prominence in the inhalation treatment of the disease, may be reckoned turpentine and iodoform. This latter is quite soluble in the former, and, viewing the pronounced anticeptic properties of both, they will take a strong stand in this mode of treatment. Next, we can with confidence recall sulphurous acid fumes, and thymol and eucaylyptus oil. These two latter are pleasant to the sense of smell to most patients, and have pronounced antiseptic properties. Creasote and turpentine have decided sedative effects on the irritated lung tissues. Years ago it was our practice to use them combined in hot water; the vapor loaded with their fumes acted very kindly in allaying cough, and stopping profuse purulent expectorations. In fact, we think that turpentine is really specific in these pusulent secretions of the pulmonary mucous membrane, when applied in atomized form by the steam atomizer. Some good observers claim that iodine and iodoform used by inhalation have remarkably good effect in the second stage of phthsis, when the pusy stage is being developed. Etherial tinct. of iodine, to which is added an equal bulk of carbolic acid—ʒ ii of each, and ʒi each of creasote and thymal, and ʒi of rectified spirits of wine—is said to afford great relief, lessening cough and expectoration, and affording relief to the flying muscular pains and aches that harrass such patients.

In purulent bronchitis—and this is frequently associated with the second stage of consumption—turpentine inhalations seem to be a potent remedy, and creasote also to no less extent.

Dr. Dowse, physician to the North London Hospital for Consumptives, where many hundred cases are annually treated, uses and recommends the following: R. Thymol; acetic ether; creasote, aa ʒ iij; sulphuric ether, ʒ i; carbolic acid, gtts. xv; turpentine ad. ℥ iv. M. Ten drops to be used at a time for inhalation. Considering the benefit derived from the continued presence of the antiseptic vapor in the air of the lungs, the inhalation should be continued two hours in the morning, noon; and evening, and also at night if the cough is troublesome. For a case advanced to the third stage, in which the cough was very troublesome, so as to seriously disturb the night's rest, and also take away the appetite, and occasion a distressful state of unrest and nervous exhaustion, we used the following: R. Turpentine, ℥ ij; oil of eucalyptol, ℥ ss; iodoform, ʒ i; creasote, ʒ iiss; sulphuric ether, ℥ i. M. Ordering the patient to place 10 or 12 drops on a piece of sponge in the bottom of an ordinary quart measure containing some hot water, and inhale the vapor and fumes, under cover of a cloth thrown over the head. The effect was so very encouraging—both the cough and the profuse pusy expectoration were checked. so that sleep, rest and appetite returned, and the catarrhed state of the digestive organs was so much removed that food was taken with a relish, and digested; the sour stomach, heartburn, and painful flatulence that harrassed before, all subsided. One very encouraging result obtained from the inhalation, in this case, was the remarkable change in the digestive and assimilating organs toward cod-liver oil. Previous to the inhalations, the stomach and duodenum rebelled against the oil, which underwent fermentation, and caused painful eructations and heartburn, abolished what little appetite the patient had for food, and, as a consequence, the night-sweats, pains in the lungs and breast, restlessness and progressing emaciation were increased. All these were changed in a week after the inhalations were resorted to.

We have much faith in the remedial antiseptic powers of turpentine, iodoform, creasote and eucalyptol inhalations in pulmonary affections. Killing germs may be uppermost in our mind while contemplating and explaining the beneficial results obtained from this mode of treating consumption, chronic bronchitis, and even catarrhal-pneumonia after the break-down stage sets in.

NOTE HOW FATAL CASES DIE.

Bichat, the great French physiologist and anatomist, classified the causes of death into:

1. Death commencing at the heart;
2. Death commencing at the lungs;
3. Death commencing at the brain.

When we study the way our fatal cases die, we are studying important phenomena and obtain valuable information that will guide us into a rational treatment.

In our observations, we have noted that by far the largest number of people die by death commencing at the heart. Asthenia was a dogma of the older pathologists and systematic writers on medicine. Weakness means feebleness of the cardiac systole progressively advancing. The muscular tissues of the heart growing weaker in energy, and its irritability being slowly exhausted, the tendency of the circulation in the vessels is to grow sluggish, and as it grows slow through the capillaries the return of the blood to the right side, the heart becomes a source of destructive oppression. Feebleness of the heart to maintain the activity of the circulation naturally tends to produce engorgements in certain parts, such as the lungs and the brain. In this way, we often become deceived by certain lines of symptoms, apparently owing to wrong in the lungs or nervous centres, when, in fact, the wrong is owing to feebleness of the heart's systole.

In all febrile diseases, and many inflammations, we have a profound impairment of the nutritive qualities of the blood, owing to starvation, because the patient no longer wants or takes food. As a matter of course, this low degree of blood will naturally, of itself, be the cause of a vast line of peculiar symptoms, because the organs are not being fed as they need; and no tissue suffers any more than the heart itself from the prevailing starvation, because its muscle-fibres—its protoplasm—being constantly at work, need constant food and nourishment to maintain its energies; therefore, death more frequently commences at the heart than at any other point.

The craze to find some medicament that will reduce temperature with certainty is a sign of low appreciation of the truth to be learned. We must get out of this dogmatic notion, that high temperature is *the* evil to combat. Eclectics have ever taught that fever is not a disease, but a symptom. Associated with fever is inanition. The latter holds the key to the fort. Death

commences at the heart in nearly all fatal cases of children's diseases. This is not the prevailing opinion, but it is the truth. Children cannot stand starvation like adults, and soon they suffer on this account. The first effect of starvation is to impair the heart-power; then is soon set up a state of congestion of the nervous centers; this is only secondary to the starvation. The nerve centres, as we all know, lose the least in substance during starvation, because they are the most ravenous tissues, and so live off the rest. During disease and starvation, the energy of the heart is impaired and the nervous centers are dangerously exposed to become congested on account of their unjust demand for pabulum, and the large quantity of blood they draw to their subsistence. When the heart is feeble, congestion of these centres are dangerously prone to occur; hence the frequent apparent brain and cerebral disease, which are all the more misleading because of the wrong theory that underlies our pathology and practice. In cholera infantum, death does more often commence at the heart from shock, as well as starvation; hence the frequent early deaths in this disease.

A feeble heart causes slow circulation and provokes engorgements, as already stated. If the activity of the blood in the arterioles and capillaries can be provoked, then there is room to relieve the right side of the heart and the pulmonary embarrassment. When the right heart is crowded, the lungs soon become engorged, from which soon follow cerebral congestion.

In typhoid fevers, weak heart is our enemy. Keep the heart jogging. Many die because they are not fed properly, or for the want of properly prepared food. When the heart is becoming weak the energies of life and all the other organs are lowered, proper food scientifically given is the great protection against weak heart, and the art of properly feeding a fever patient is fully as important as the science of Therapeutics—perhaps more so in many classes of diseases.

The more we study the reaction of starvation on the organism the more we see the vast importance of studying the physiology of food, digestion, and assimilation. Food, under certain circumstances, is a powerful stimulant, and, when adapted to the end in view in each particular case, does provoke the activities of the anatomical elements, and, at the same time, feeds them. The starving body, at the same time sick, is a body dying—not by inches, but by feet. More than half of the symptoms we are called to

treat in our cases sick with diseases protracted into many days or weeks are owing more to starvation than to the disease itself. The weakening heart, losing its first sound, is a warning that death by the heart is daily becoming imminent. Food, feed, feeding is a good lesson to study.

AMERICAN ALLOPATHY UNRECOGNIZED IN EUROPE AMONG MEDICAL SAVANTS!

The following letter is a reply to one addressed by Prof. H. D. Noyes, M. D., of New York City, to Prof. Hansen-Grut, M. D., of Copenhagen, president of the International Medical Congress:

"I am sorry you have so much bother about the Congress. *The spirit that is at bottom of the dispute is to me proof of such exclusiveness as I should not have expected to find in your country.*

"The controversy about Codes was never thought of, as we have nothing resembling your Code of Ethics.

"The invitation was *decidedly* given to the *whole* medical profession; none of us *thought of or even mentioned* the American Medical Association.

"The *only qualification* required was that the member be a *legally acknowledged* medical practitioner *in his* country. Our Homœopaths who were legally acknowledged practitioners, were actually members, and *undisputed* members, of our Congress.

"I have sent your letter to Professor Lange, who will no doubt corroborate my statements.

"EDWARD HANSEN-GRUT."

The *italics* are ours, but the points and thrusts remain all the same. Thousands of Allopathic physicians in the United States will, no doubt, be astonished, perhaps dumbfounded, on learning that the invitation was sent out from the International Medical Congress, at its meeting in Copenhagen, to ALL the legally qualified physicians of the United States to become members of that august body of Medical savants. The so-called Regular Medical profession, nor the American Medical Association are not known to the Congress. The arrogance and bigotry of American Allopaths only serve to sink the so-called Regular profession into deeper contempt in the estimation of European scientific men.

Europeans are staggered when they find the most bigoted medical sect of modern times running at large in the freest country of all the earth.

Some of the Allopaths are disposed to shift the whole blame of the quarrel over the Code and the International Medical Congress on to the back of the American Medical Association exclusively, which we think unjust. Fully one-half of the Allopaths of this free land are in sympathy with the action of the American Medical Association from the fact that the vast majority of Allopaths are opposed to the liberal spirit and scientific boldness of the International Medical Congress in inviting all *legally qualified* physicians of the United States to become its members. We all know of the narrow and intolerant spirit that prevails among Allopaths toward the liberal and progressive physicians otherwise called "Irregulars," and even the so-called *New* Code men would vote to exclude Eclectics and Homœopaths from the Congress.

We think Eclectic and Homœopathic physicians should attend this Congress, if it should meet in this country. It is our right, and we shall stand on our principles and insist that the liberal spirit of the Congress, as Professor Hansen-Grut has described it, be carried out to the letter. It is time we commence crowding our Allopathic opponents to the wall, and combat their bigotry in practical ways, and the Congress is the place to commence it.

THE ECLECTIC COLLEGE.

OPENING OF THE TENTH ANNUAL SESSION THIS YEAR.

The tenth annual session of the Georgia College of Eclectic Medicine and Surgery was opened this morning at the handsome building on Butler street.

The opening address was delivered by Mr. John H. Seals, of the Sunny South, in the neat and well arranged lecture room, which was filled with the friends of the Institution, including many ladies.

After a fervent prayer by Dr. A. G. Thomas, of the Faculty, he introduced Mr. Seals to the audience in a happy little speech.

Mr. Seals entertained the audience for nearly an hour. His address was a gem in its way. He did not tread the old beaten track of such occasions, but blazed out a new road which he traveled in truly captivating style. He impressed upon his audience the great responsibility both of the teachers and practitioners of the noble science of medicine in a most feeling manner, and with many original illustrations. His remarks to the stu-

dents were jewels. He spoke of the benefits and privileges which they enjoyed in this splendid Institution, which disregarded dogmas, selected what is good and valuable for its teachings.

He spoke splendidly of the ills to which human flesh is heir, and attributed the great majority of them to injudicious eating. He was particularly severe upon hog meat, which he asserted frequently led men to crime.

He made a beautiful plea for the laws of Nature, and said that in future he who gave the least medicine would be the successful doctor. "Nine out of ten," in the language of an eminent doctor, "will get well if let alone."

He satired the giving and taking of so much medicine in this country. It was all a mistake.

The address was a model. Humorous, pathetic, elegant, and learned, it amused, instructed, charmed and touched the heart, holding the undivided attention of the large and appreciative audience throughout. The laughter and applause was frequent, and all were sorry when he concluded.

This excellent Institution begins the present session under the brightest auspices. The number of students in attendance is larger than ever before, and they come from many States in the Union. The president is Dr. S. T. Biggers. The faculty are able men, and the outlook very bright.

The Journal congratulates the Georgia College of Eclectic Medicine and Surgery upon its flourishing condition, and bids it Godspeed in its onward march to a great future.—*Atlanta Journal, October* 5.

DR. MUNN ON DR. HOLE'S CASE, IN REPLY TO "H."

Dr. S. B. Munn has, in his communication to the Eclectic Medical Journal (October issue), ably defended himself against the unjust assaults "H." made on him (Dr. Munn) in the August number of said journal. "H." as Dr. Munn clearly shows, acted mean and cowardly. He had ample and open notice that the case of Dr. Hole was before the committee of grievance the National appointed, and, instead of appearing like a man before said committee and then oppose by facts, if any he had, the reinstatement of Dr. Hole to membership in the National, he remains silent. Dr. Munn has shown that the expulsion of Dr. Hole was so indecently illegal that no man dare defend the act either before the committee or in open National, when the committee

made its report. But how did "H." tally then? Why, by nursing his wrath until he returned to Cincinnati; then he fulminated his tirade through the editorial columns of the Eclectic Medical Journal against honest men. "H." is up to such tricks. There is a kind of notion revolving in some people's heads that the National was organized to tear down certain colleges and kill off certain men. That notion prevailed to a degree that was not only dangerous but disgusting to all clear headed and honest hearted men. Things are changed. Now we can thank God the National is no longer a huge iron wheel in the hands of certain men. There is no reason why we should try to immitate the Allopaths.

TEXAS ECLECTICS TAKE NOTICE!

The annual meeting of the Texas Eclectic Medical Association will be held at Waco, November 10, 1885, the new McCleland hotel being headquarters. It is earnestly hoped that every Eclectic in the State will be present at this meeting, as business of importance to the welfare of our profession will be acted upon. It is only by the united effort of the Eclectic and Homœopathic State Association that the Allopaths were prevented from having proscriptive laws enacted by the last legislature. Eclectics! you have every reason to be proud of the position as held by you in medicine. At Waco we ask you to rally once more around the old flag of Medical Freedom, and we promise you a feast of good things not soon to be forgotten.

A. H. COLLINS, M. D., Secretary.

Recorder's Office Texas Eclectic Medical Association,
Honey Grove, October 1, 1885.

[The Allopaths are hard at work, turning every stone that gives the faintest promise of being of any service to them in their endeavors to obtain special class medical legislation. The Eclectics of the State have no time to fritter away. They must be compactly united in solid organic union, or the Allopaths will make them serious trouble. Turn out to your State Association in force, and all word together. Appoint delegates to the National who will be sure to attend and represent your State Association. —ED. G. E. M. JOURNAL.]

DR. LEMON T. BEAM, of Johnstown, Pa., donated $10 to the College building fund. Dr. William DeLay, of Walesca, Ga., ditto, $5.

MURIATE OF COCAINE, THE UNIVERSAL PANACEA.—This is its name. Applied to the eye or dropped into the ear it immediately very nearly stops pain. It is, therefore, the panacea for earache and the atrocious pain caused by blows on the eye. Applied to the prepuce liberally, you can operate for phymosis and paraphymosis without causing hardly more pain than a twinge. Applied to the skin, it will arrest severe itching, and cures erythima. Made into suppositories, and introduced into the rectum, it most speedily stops the tormina and tenesmus of dysentery. Applied to the burning, itching, aching anus, all the distress ceases as if by magic. In fissues of the anus—when is there more severe and harrowing pain experienced?—the anguishing torment stops. Applied to inflamed piles, the pain ceases at once. It is said to cure coryza and acute ozæna speedily. Painful as acute tonsillitis is, a 4-per cent. solution of muriate of cocaine painted on the inflamed parts afford almost immediate relief. It is recommended now to use it in hypodermic injection around and on cancerous tumors, to deaden pain; when injected into the urethra it stops the pain of urination in gonorrhœa; it also quiets all the pain and irritation of the urethra when catheterism would be otherwise very painful and impossible. It quiets the tormina of cystitis if introduced as a suppository in the rectum. It is called the best thing to cure the sore nipples of nursing women. Applied with the usual eschcharotics for their destruction, cancerous tumors treated in this way are, it is said, if early enough resorted to, cured with greater certainty. Applied to coming boils and carbuncles, cocaine often causes their abortion and speedy cure.

Internally, it is used as a nerve stimulant, a restorative, a builder, a renewer of life in exhausted states of the nervo-nutrative system. It is a reputed cure for the opium and alcohol habits, relieves oppression of the nerve centres, and restores the normal balance between the heart, the lungs and the centres in low typhoid conditions just when Death seems already to have fastened his grip on the unfortunate!

Who says cocaine is not the universal panacea the world has been long looking for? But then—ah! hold on and wait a day or two. Many other things have been rushed ahead and at last cooled down.

THE Opera of Banquo's Ghost set to the music of Dead Men's Bones: The Allopathic rumpus over the International Congress. The Hectic Ghost of the American Medical Association affords the orchestra.

COCA.—The coca leaf, when chewed, is a powerful stimulant to the nervous system, of the nature of opium, but less violent and more lasting in its action. Bernays says: "There is so much concurrent testimony as to place beyond doubt the fact that the moderate use of coca leaves as a masticatory enables fatigue to be endured with less distress and with less nourishment." Markham says, that he chewed coca very frequently, and, besides the agreeable soothing feeling produced, he found that he could endure long abstinence from food with less inconvenience than he would otherwise have felt; and it enabled him to ascend precipitous mountain sides with a feeling of lightness and elasticity, and without losing breath. To the Peruvian Indian coca is a solace which affords enjoyment, and has a most beneficial effect. Quoting from the same authority: "The incredible fatigue," says Von Tschudi, "endured by the Peruvian Infantry, with very spare diet; but with the regular use of coca, and the laborious toils of the Indian miner kept up under similar circumstances throughout a long series of years, certainly afford sufficient ground for attributing to the coca leaves not a quality of mere temporary stimulus, but a powerful nutritive principle."

But the excessive use of coca is well known to be injurious, and the unsteady gait, the yellow-colored skin, the dim, sunken eyes, the quivering lips, and general apathy are the indications of the inveterate coca chewer. It is, however, considered the least injurious of all narcotics in use, and in the higher regions of the Andes its effects are less marked than in warmer and damper districts.

As a palliative agent in the hands of a skillful physician, cocaine is capable of greatly alleviating human suffering, and its use in this manner will henceforth be widely extended.—*Vick's Magnzine for October.*

SCUTELLARIA LATERIFLORA IN THE TREATMENT OF ENURESIS.—Dr. A. H. Winermark, of Cambridge, Ill., writes to the Medical Record: "Having read the excellent article on enuresis by Dr. Stein, and the remarks of Dr. Willeford upon its treatment by rhus aromatica, I wish to contribute from my store of experience in the treatment of the same difficulty. Some two years ago I was advised by an old practitioner to use fluid extract of skullcap in a case in my own family, and the result was most gratifying. I have since employed it in several cases dependent

upon nervous conditions only, and must say that the results obtained have always been most satisfactory. A lad, twelve years of age, who would urinate from three to six times every night during his sleep, and had done so for several years, received 1 drachm t. i. d. for two weeks, and was speedily and permanently cured. All the cases occurred in children."

Dr. Winermark advises a trial, at least, of scutellaria when other remedies have failed. He disclaims any credit for originality in the use of the drug, as he says that it was recommended to him by another.—*Peoria Medical Monthly.*

REMOVAL OF TAPE-WORM. By I. A. Cottingham, M. D.—Mr. B——, aged forty-five years, a butcher by trade, had suffered for nine years from tape-worm. He had been treated by a number of physicians, but never had succeeded in getting rid of over three to four links at a time. He finally came to me for treatment, and I prepared a decoction from the bark of pomegranate according to Professor Locke's formula: "Take half a pound of bark from the pomegranate root, add two and a half pints of boiling water, let the mixture stand in a warm place for two hours, then boil down to one pint; strain while hot through a fine wire strainer. To every 6 ounces of the decoction add 1 drachm of the fluid extract of Jalap and 5 drops of the oil of anise."

The patient had fasted from supper the night before, at which time he took a large cathartic. At 1 p. m. I gave 5 ounces of the preparation above named, and at 3 o'clock gave 4 ounces more. At 5 p. m. he passed an entire tænia solium, measuring thirty-five feet in length and one-half inch in its broadest part, gradually tapering down to almost a thread. Whether there was another worm left I have not been able to ascertain; if there is, I shall follow the same treatment again. The patient is pursuing his usual avocation.—*Eclectic Medical Journal.*

CHEAP ANTISEPTICS THAT ARE COMPARITIVELY HARMLESS AND EFFICIENT.—Carbolic acid will never in our day go out of use as an antiseptic in surgery, because it is cheap, as safe as any other, and always handy. Everybody knows of carbolic acid, and the country doctor has made it his bosom friend. Now, what the country doctor takes kindly to, you may depend has merit.

Lately, bichloride of mercury has received a great deal of loud praise from hospital surgeons, especially on the Continent of Eu-

rope, but it will never become popular on account of its dangerous properties. The country doctor will never hitch on to it like he has to carbolic acid; besides this, corrosive sublimate is very irritating even in very weak solutions.

Recently, Professor Rocin, of Basel, recommends oxide of zinc as a valuable antiseptic in the treatment of wounds, and prepares it in four different forms: No. 1, one part of zn. O to one hundred of water (thin zinc milk) for irrigating fresh wounds and syringing out cavities. No. 2, zn. O ten parts to one hundred of water (thick zinc milk). Wounds intended to be kept open are irrigated with this so as to afford a thin covering of zinc on the surface. No. 3, the dry powder of, zn. O, is applied from a pepper-box to ulcers, burns, etc., and has great merit. No. 4, to cover sutured wounds, is made a paste composed of zn. O fifty parts; water, fifty parts; chloride zinc, one-sixth part. This, on exposure, dries and forms a crust, and when applied on a thin layer of cotton forms a hermetically and sufficiently adhesive cover of the wound. The cicatrices formed under this zinc cover are generally more beautiful and fine than those obtained from any other kind of wound-dressing. (Abstracted, in part, from a paper by Dr. Emil Steiger.)

We have one of the best antiseptic dressings in borax, ʒ ij; permanganate of potassium, grs. xx; water, Oi. It is free from danger, and seldom irritating. Finely powdered boric acid dusted on wounds makes a bland and efficient antiseptic: the powder may be sprinkled on the cornea, packed in the ear, crammed into crevices and fissues, and packed into open ulcers without danger.

MEDICAL ADVERTISING.—Doctors who want to break loose from ethics and advertise, should remember that unless they carry it to extremes, there will always be some who will make larger displays and thus get ahead of their less pushing competitors, and the modest advertisers will be just as bad off as they are now. "Dr." J. I. Lighthall is now in Peoria, with a brass band, singers, gymnasts, etc., and is said to be taking in over five hundred dollars daily. He has about twenty tents of various sizes, and a large audience tent capable of holding several thousand. He pulls teeth free, and since his stay here must have pulled a peck a day. He is certainly a very speedy extractor. He calls himself the "Diamond King," wearing $30,000 worth of jewels on

his person. His watch chain of solid gold is as large as a trace chain; his watch is encrusted with jewels and is worth $2,500. We mention these things to show what advertising means by a medical man, and to what an extent others must carry it before they can hope to compete with "diamond kings." We do not know by what right he practices, except that he pays a license of one hundred dollars a month.—*Peoria Medical Monthly.*

[Where is the Illinois Board of Health? Where is Dr. L. A. Clark and the rest of them? That Board of Health that pursues and arrests unfriended doctors and punishes them for doing acts this august board deems unprofessional is now sitting quietly, listening to the delicious music this Dr. J. I. Lighthall's brass band sends forth. If Dr. Lighthall can run the traveling medical business in Illinois on the strength of a $100 per month license, a brass band, singers, and gymnasts, why can't Dr. Anybody do the same?—EDITOR GEORGIA EC. MED. JOUR.]

TREATMENT OF SCROFULA.—Chrystalized chloride of calcium, in doses of 1 to 2 grains for children and 12 to 15 grains for adults, is recommended by Dr. Creighton. This is an old treatment that has again and again received the recommendation of practical men in Europe and America, but has never become popular. In point of fact, we can with confidence speak of its excellent services in the scrofula of children. We have seen enlarged glands melt away, and even sores heal, under its influence. It must be steadily continued for weeks, and is best given in some syrup. Tr. of iodine, 3 to 7 drops in milk, three times a day, often does wonders.

THE TRANSPLANTATION OF LARGE SKIN FLAPS ON FLESH WOUNDS.—The Therapeutic Gazette gives an abstract of a paper read by Esmarch before the Wiesband Congress, of his success in numerous cases of making large integumental graftings. These were done for the repair of injuries or diseased growths removed from the face, and the gap filled up by grafts of skin taken from the arm, etc., of the patient. The main points to observe for success are, to remove all flabby and loose cellular tissue from the flap; it must be considerably larger than the exact size of denuded surface; strict precautions are, of course, indispensable to success.

TREATMENT OF TONSILLITIS WITH BI CARBONATE OF SODA, acute and chronic forms, should be more generally adopted for the success it yields. Recently, we ordered a saturated solution as a gargle to be used frequently in a severe case of acute quinzy, which speedily broke up the attack. We also ordered 10 grains to be taken every two or three hours in a glass of water. In chronic cases of tonsillitis we find it a good remedy. The remedy is also of considerable value as a douche in catarrh of the nose—about the strength of 5 grains to the fluid ounce of water used warm.

BAKER'S COD-LIVER OIL.—We again wish to remind our readers that cod-liver oil is a valuable and important builder in many wasting and chronic diseases. The point often most difficult to meet is to procure a pure and sweet oil, such as the weak and impaired assimilating powers of the patient can easily appropriate. We unhesitatingly say that the cod-liver oil manufactured and sold by John C. Baker & Co. is the best, because the purest and sweetest, we know of. Be sure to call for Baker's. We have used it for twenty-five years, and know whereof we write.

H. M. MERRELL & CO.—We take pleasure in calling the attention of our readers to the advertisement of this good old firm. The name of H. M. Merrell & Co. is familiar to Eclectics, and known as one of the most reliable manufacturers of Fluid Extracts, Resonoids and the various other preparations that are in common use with liberal and progressive physicians of all schools. Mr. H. M. Merrell is one of the oldest manufacturers of Eclectic preparations in the United States, and stands high with the older members of our profession. You must recollect him when you wish to replenish your stock.

J. U. LLOYD & BROTHERS.—The well and favorably known firm of Thorp & Lloyd Brothers has been dissolved. The business is continued under the firm-name of J. U. Lloyd & Brothers. Prof. J. U. Lloyd is one of the recognized eminent pharmacologists of the United States, and is authority on all questions pertaining to the science and art of Pharmacy and the manufacture of medicines. The new firm will be as well patronized as the old.

ALKALINE URINE is said to be rendered acid by the inhalation of nitrite of amyl. Alkaline urine is generally rich in phosphates, a pretty clear indication of some disease of the nervous centres; hence, turning to acid by inhalation of nitrite of amyl shows that the change is brought about through vasomotor influences, as this medicament has a potent influence in causing paresis of the vasomotor nerves, which result in dilation of the arterioles and an increase of blood to the tissues, especially of the brain and spinal cord and muscles. Uric acid is usually passed in large quantities under the influence of nitrite of amyl.

POLYMNIA UVEDALIA OINTMENT.—Slice the recent root into thin pieces, one-half pound of which is to be added to a pound of clean sweet lard and then slowly digested in a water-bath for six to eight hours, stirring every now and then. The value of this ointment is nearly without limit. It is the best external remedy we have for enlarged spleen, disordered joints, chronic inflammation of the ovaries and uterus, scrofulous ulcers, etc. It is the best application to make the hair grow.

COLDS.—Dr. I. T. Suggs, of Texas, writes: "The plan I adopted about five years ago, to cut a cold short, is as follows: When I wash my face in the morning I take water in the right hand and snuff it up the right nostril by pressing the left nostril with a finger of the left hand; then change hands, and snuff up the left nostril in the same way. At any time during the day, when I sneeze, I use the cold water the same way in either or both nostrils. Try it."

FOR MENORRHAGIA.—℞. Tr. pulsatilla; tr. hamamelis va. aa ʒ i; water, ʒ iv. M. S: Teaspoonful every hour or two.

℞. Ammon. bromide, ʒ ss; water, ʒ iv. M. S: Teaspoonful in water every hour.

℞. Oil erigeron, 1 to 3 drops on sugar every hour till cured.

FOR DYSENTERY IN CHILDREN.—Dr. Rosenfield recommends: ℞. Iodine, grs. iv; carbolic acid crystals, grs. iv; glycerine, ʒx. M. One or two teaspoonfuls of this diluted with a glass of water and thrown up the rectum three or four times a day. This treatment was very successful in a severe epidemic.

THE COLLEGE shows a brighter prospect than ever. The class opened larger than was anticipated by the most sanguine of us. This session will be fully up to our expectations. We have good clinics, and the supply of dissecting material is sufficient. The friends of the College are gratified.

BOOK NOTICES.

The Library Magazine, a 96-page monthly, gotten up on the plan of Little's Living Age, and the Eclectic Magazine—the former at $8 per annum, the latter at $5, while the Library Magazine, equally as good in every respect as either of the above, costs only $1.50 per annum. John B. Alden, the publisher, is one of the remarkable men of this age. He it was who started the "Literary Revolution" in the book-publishing line which has afforded the million the best quality of reading matter at the lowest possible cost. Books by the best authors of all countries have been, and still are being, published by Mr. Alden at prices that are so low that the poorest people in this land can afford to buy and read the best and most valued books. Send to John B. Alden, 393 Pearl street, New York, for his 32-page catalogue, free. We believe Mr. Alden publishes and sells more books yearly than any other publisher in the land. Cheap good books are a blessing to this land of free schools.

Berlin as a Medical Center; a Guide for American Practitioners and Students. By Haratio R. Bigelow, Washington, D. C. Reprint from New England Medical Monthly. Dr. Bigelow has, in this little book, made the way from the United States to Berlin as straight as a string and as clear as crystal. He has told his readers where to go to school when they get to Berlin; who to look for; where to board or live, and a thousand and one other very important things one should know when on a visit to Berlin. We were much pleased with Dr. Bigelow's communications to the N. E. M. M., which are now collected in this little book.

Hay Fever and its successful Treatment by superficial organic alteration of the nasal mucous membrane. By Charles E. Sajous, M. D. Illustrated. Published by F. A. Davis, attorney, 1217 Filbert street, Philadelphia, Pa. The author claims great success from his method of treating this very intractable and annoying disease. He recommends the galvanic cautery to the nasal mucous membrane.

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ORIGINAL COMMUNICATIONS.

FEVER.—WHAT IS FEVER?

BY I. J. M. GOSS, M. D.

(This is an excerpt from a Lecture delivered October 26, 1885, to the Class, by the Author.)

In noticing fevers, we see these prominent phenomena, viz: Alterations in temperature, torpidity of the secreting functions, accelerated circulation, increased thirst, and loss of appetite. The elevation of temperature is accounted for by some writers from the increased tissue change, which is from alterations of the nervous system. This is simply going back to the definition of Galen, viz: "*Calor præter naturum.*" Prof. George B. Wood defines fever to be "an acute affection of the system, in which all the functions are deranged, the most striking phenomena being seresorial, or nervous irregularity, increased frequency of the pulse, increased heat, and a want of appetite." It appears that spasm of the capillaries under nervous influences may account for the primary development of the phenomena of fever, and the increased heat and arterial excitement are the results of the reaction, or efforts of the system to overcome this spasm of said capillaries—the "*vis medacatrix naturæ.*" Prof. John Eberle, one of America's first and best writers, says: "The first link in the chain of morbid actions, which occur in the development of fever, commences in the nervous system." George B. Wood says: "Whether the fever is idiopathic or sympathetic, the first decided step towards its formation seems to be some morbid impression in the nervous system, and this impression seems to be depressing in its nature." This depression accounts for the chill;

but this only partially explains the condition of the chill. There is something yet unexplained in both the chill and in the febrile stage. There is an all-pervading influence from an agent acting all the time in fever.

Fever is not merely the resilience of the depressed organization, as is stated. It is apparent that the disturbance of functions of the nervous, circulating, and secreting systems do not all take place simultaneously, but in an invariable order of sequence. The nervous derangement is first, then the sensorial functions next become morbidly affected; then the circulating function become also morbidly impressed, and, lastly in the morbid chain, the secreting function suffers. Especially does paroxysmal fevers exhibit this morbid enervation. Typhus, also, seems to exhibit a primary morbid enervation. It seems that the cause of the great trouble in fever is not to be found in the thermal phenomena of either the heat-producing or heat-discharging area, but in the morbid actions and reactions of the nerve force, and also in the blood, which produce the abnormal oxidation of tissue and the generation of heat. If we could arrest these morbid processes, the febrile phenomena would soon subside, and the surplus heat would soon be eliminated in perspiration.

Aconite cures continued fevers by its action upon the nervous system. It relieves that partial paralysis of the capillaries, which causes the blood-strain, and, indirectly, the increased chemical transformations and the consequent heat.

The ultimate causes of fever we may never be better able to understand and define; but we must not only class them, but we must treat them according to their pathological peculiarities. We must select our remedies according to the symptoms of the fever in hand. With our fever thermometer (and Barry's is a good one), we must get the temperature, and note any evidences of nervous and mental phenomena, blood changes, and the disturbances of function in the various organs, which, by their differences of combination, produce the real differentiations and important points in diagnosis, not only between various types, but between cases of the same type. We may look for constantly changing series of pathological conditions, varying with each case of fever, and with every type of it; hence the varied treatment in each individual case of fever. It seems, then, that certain organic germs or infectious miasma enter the blood and produce heir primary deleterious effect upon some of the constituents of

that fluid; and, secondarily, morbidly impress the functions of the nervous system, and through the nervous system affects all the other functions of the organic structure.

To analyze fever, we must recognize those general properties belonging to the living matter. Fever does not consist merely in an alteration of the blood, depression of the nervous function, the exaltation of the circulation, the suppression of secretion, the retardation of nutrition, and morbid increase of calorification, alone; but consist in the action of some morbid material capable of disturbing the elementary properties composing organized structure of the body.

The nervous structures have well-defined functions, imparting sensibility, voluntary and organic, and controlling voluntary and involuntary muscular action. By this function, the nervous system places one organ in proper relation with another. A certain part of the nervous system dilates or contracts the caliber of the vessels containing muscular fibers in their coats, by which they influence the quantity and motion of the blood in the vessels of each part, whereby they also influence the activity of the secretory organs, and the molecular motion, and, to a limited extent, the nutrition and disintegration going on in the system, and, to a limited extent also, this influences calorification. Hence, morbid impressions made on the nervous system may soon involve the entire functions of the living organic structure. It is the simultaneous disturbance of all the functions and processes, by active impressions on the properties common to all these living structures, that distinguish fever from local disease of an inflammatory character. And while certain specific causes capable of producing fever, act primarily upon the same properties, thereby producing pathological changes, yet each specific cause influences those properties in a direction peculiar to its own molecular composition, and, hence, produces pathological changes, and their symptoms also peculiar to themselves; hence the great diversities in the various types of fevers, such as remittent, intermittent, and continued forms of fever.

The treatment of fever must be in accordance with its type and pathological condition. Continued fevers, being produced by a zymotic poison, which sets up a septic condition, must first be treated with antiseptics, as baptisia, eucalyptus, and such others as may prove valuable; and at the same time the lesions should be met by their appropriate remedies, etc. The remittent and intermittent types are met by antiperiodics in proper doses: there are many remedies of that class, as quinine and gelsemium are the most reliable.

"TYPHO-MALARIAL FEVER."

BY M. F. DUMAS, M. D., BALD KNOB, ARK.

This is the "Continued Remittent Fever" of some of the old writers. The name, Typho-malarial, was given it during our war, and would imply that it is an *adynamic continued fever of malarial origin*, which runs its course in from fourteen to twenty-three days—most usually in twenty-one days—and is not materially influenced or shortened by the administration of quinine; and which has been endemic in the South and Southwest, with a tendency to increase, during each fall of the last ten years. Now, I am satisfied that it is typhoid fever modified by paludal or "malarial" influence. Some of the pathological lesions of thyphoid are wanting, but the typhoid state is developed. When not interfered with and prolonged by the administration of mercury, cathartics, and large doses of quinine, it has a tendency to self-limitation to about twenty-one days. In its resistance to the quinine treatment, and in its favorable prognosis when free from serious complications, and mal-treatment, it presents a distinct type of continued malarial or remittent fever, which we will not find described in the text-books, except in Eberle and Potter's first edition of his Compend. Maury describes it as "malarial-continued fever." Sternberg, on Malaria, considers it non-malarial, on the ground that it cannot be cut short by quinine. Now, can all malarial fevers be cut short by quinine? I often meet cases of ("chills") intermittents, remittents, etc., that quinine will not cure, and sulphite of soda and quinine will, or Fowler's solution alone will. Some cases are cured by mur. acid alone; others with lobelia, gelseminum, etc. This fever mainly appears in locations where intermittents and other forms of the so-called "malarial" fevers prevail; but, unlike these, it seems that frost does not put a stop to it. Some of the severest cases I ever saw, I treated last winter. Many cases, in the third, or the beginning of the fourth week, assume a regular intermittent form, and are arrested by a few doses of quinine, as promptly as in the similar mutation of remittent fever. Again, some cases commence with "chills" (intermittents), and run on for several days, resisting quinine, and, finally, the patient takes to his bed with continued fever. We can assume a second etiological factor to account for the clinical phenomena of "typho-malarial fever," but this will be unknown until we can have a certain knowledge of the nature of "malaria" itself.

Children and young people are more subject to this fever.

SYMPTOMS.

General lassitude, anorexia, frontal headache, pain in the epigastrium, back and larger joints; nausea and vomiting may be present; in some cases epistaxis precedes the onset of the fever. On the first day of invasion the temperature will rise to 103° or 104°. There is no regular chill, but rigors; sensation of alternating cold and heat. During the first and second weeks the temperature keeps nearly uniformly at the same point; the remissions slight, and usually occurring about 3 o'clock a. m. Vomiting, and severe pain in the head and epigastrium. Bronchial catarrh and irritation is present in most all cases. If mal-treated, during the second week the patient presents a well marked typhoid state. Delirium, dry tongue, sordes, subsultus tendinum, dicrotic pulse, simulate the condition of the graver disease; also, at this stage, diarrhœa, iliac gurgling, and meteorism are present. Constipation and flat abdomen at first. Patients, after convalescing, may, by a little imprudence, cause a relapse. I had a patient recently—Elder DuVallus—who was down twenty-three days, and after he got up, he relapsed and was down twenty-two days. After recovering from this fever, the majority will enjoy better health than before.

The following is the temperature in two cases. The first is that of Mrs. L. Hilgor, whom I visited last winter, in consultation with Dr. Jacob Grade:

Friday, 6 p. m.	103½°
Saturday, 6 p. m.	102¾
Sunday, 4 a. m.	104½
Monday, 6 p. m.	103½
Tuesday and Wednesday, about the same.	
Thursday, 6 p. m.	103

Friday, 4 a. m.	103½°	6 p. m.	102¾
Saturday, 4 a. m.	100½	6 p. m.	103
Sunday, 4 a. m.	98	6 p. m.	102
Monday, 4 a. m.	100	6 p. m.	104
Tuesday, 4 a. m.	99½	6 p. m.	103
Wednesday, 4 a. m.	98½	6 p. m.	101
Thursday, 4 a. m.	98	6 p. m.	98

and remained so. This case had been treated for near two weeks before I was called. When I arrived she was in a semi-comatose condition—picking at the bed clothing, and imagining objects in the atmosphere; tongue as dry as a piece of leather, and as dusky-red as red could be; malignant sore-throat; bronchial catarrh; sordes on the teeth and gums; constipation, vomiting, etc.

This patient was placed upon bell., aco., baptisia, phytolacca (Thorp & Lloyd Bro.'s spec. tinctures), in minute doses, repeated from one to two hours. When the temperature commenced coming down, after midnight, she had quinine, with a small portion of caprici, every third hour, and continued every third hour; also, we gave plenty of mur. acid in lemonade. For the bronchial trouble we had expectorant of nit. sang. scillæ, lobelia, lept. and euonymin about twelve hours apart; as hepatics, plenty of fresh buttermilk; sponging during the night, three or four times. She had, toward the latter part, some acet. potassa et nux. She made a good recovery, and has not been sick since.

The following gives the temperature in a case I am now treating—Mr. William Baker:

October 23			101¼°
October 24, 9 a. m			102
October 25, 3 p. m			103½
October 26, 9 a. m	100¾°	8 p. m	102¾
October 27, 8 a. m	100¼	8 p. m	102¼
October 28, 9 a. m	00¼	8 p. m	101¼
October 29, 9 a. m	98½	9 p. m	101
October 30, 9 a. m	98¾	9 p. m	99¾
October 31, 9 a. m	99½	9 p. m	101¼
November 1, 9 a. m	100½	9 p. m	101¼
November 2, 9 a. m	98¾	9 p. m	101
November 3, 9 a. m	98¾	9 p. m	100¾
November 4, 9 a. m	98.8		

This morning, we see, the temperature is 98½. The patient is progressing, on this the fifteenth day of his illness, as well as he could possibly do. His tongue is clear, all the redness having disappeared; kidneys doing their duty; skin pliant; bowels acting once in twenty-four hours; no pains in head or elsewhere; soreness of throat, fauces, tongue, and enlargement of the glands all disappeared five days since; appetite good. In the commencement he was quite sick; had "dumb chills" for several days; had taken "Simmons' Liver Regulator," "Collins' Ague Cure," calomel, and large doses of quinine, which brought him to his bed with "typhus malarial fever."

The treatment pursued in his case was as follows: The blood being poisoned, and which had to be neutralized, indicated spc. carbolic acid (Lloyd Bros.) and spc. baptisia (Lloyd & Bros.). To unload the liver, he had, morning and night, euonymin, gr. i; leptandrin, gr. ss; pod., gr. 1-20; sulph. hydrastis, gr. ¼. To relieve the sore throat, enlarged glands, and to assist in "arousing the secretions," I added spc. phytolacca to the carbolic acid and baptisia mixture; and to call the skin back to its duty, I added

asclepias tub. to the same mixture. He had this mixture every two hours, day and night, and was sponged over with lukewarm water in which some c. p. hydrochloric acid had been added; he also had 5 drops of the acid every three or four hours in a glass of lemonade. He continued this treatment five days, when the acid mixture was alternated every two hours after midnight until noon with a No. OO capsule of a mixture of salicylate of cinchonidia, 2 parts; prusiate of iron, 1 part; capsicum, ½ part; but from noon until 12 o'clock at night the capsules were left off, and the mixture given every two hours. This was continued until the seventh day, when, you see, his temperature came down to 99½ in the morning and 101 in the evening. Then the carb. acid mixture was omitted, and the capsules continued every three hours, with: R. Nux v., gtts. xx; baptista, gtts. xxx; Lloyd's hydrastis, fl. ʒss; water, q. s. to ad. fl. ʒiv. M. S. A teaspoonful every two hours; the mur. acid and sponging continued. On the 30th of October, we see his temperature down to 98½, morning, and 99¾, evening. There being no longer any indications for capsules or above mixture, and his kidneys seemingly not doing their duty, I placed him on: R. Spts. nit. duc., fl. ʒss; salicylate cinchonida, grs. lx; Lloyd's hydrastis, fl. ʒss. M. S. Shake well, and take one teaspoonful three hours apart. On the morning of the 31st, notwithstanding his kidneys were responding, his temperature registered 99½, morning, and 101¼, evening. Treatment continued. Now, we see, on the morning of November 1 temperature 100½. Something wrong here. Pulse, tense. Too much "tonics" (hydrastis). Omit the mixture, and put him back on the capsules and mur. acid alone. One No. OO capsule, packed as full as could be of the capsici, Ferri Ferrocy; and salicylate cinchonidia every third hour. Evening temperature, 101¼. November 2, morning, down to 98¾; evening, 101. On the 3d, morning, 98¾; evening, 100¾. On the 4th, morning, 98½.

Now, the patient will have a rise in the temperature every evening until the 21st day, no difference what we do, and every appearance indicated that he is well, except the temperature. He will be kept on the capsules every sixth hour, until his temperature becomes normal. Now, let me impress it upon the minds of our junior physicians to *never*, *never*, if you value your patient's health and life, and your own success and reputation, to abort this self-limited disease by administering calomel or

drastric cathartics—drastric diaphoretics and diuretics with heroic doses of quinine. All such will aggravate and convert what might be a mild case into a desperate one. But destroy the poison in the blood with carbolic acid and baptisia on the following: R. Pure carbolic acid, liquified by applying heat to the crystals, fl. ʒj; comp. tr. iodine, fl. ʒ ijj. M. S. Five drops in a little syrup, alternated every two hours with baptisia, phytolocca and asclepias tub. This will neutralize the poison, act on the skin, relieve the bronchial catarrh, sore throat, etc., and arouse the secretions. To sustain the sinking powers, and as a further anti zymotic, salicylate of cinchonidia, Ferri ferrocyanide and capsici in proper doses with mur. acid. A milk and mush diet, fresh buttermilk, baked apples, oranges, etc. To relieve the portal congestion and unload the liver, give euonymus, lept., sul. hydras, and not over 1–20 gr. podoph. shou'd be given morning and night, if bowels are confined (which they generally are.) Then one dose a day, until the tongue cleanses. To invite the circulation to the surface and extremities, give regular sponging and hot pediluvia, in which a little mustard or pepper may be mixed. This will aid the asclepias and capsici and will aid in reducing animal heat. For the headache, a little rhus tox. added to the mixtures is very good; where the pain is frontal, some cases may require bryonia, or a few doses of gelsemium, or ergot, or bell., or kali bro., etc., as indicated. To further assist in subduing thoracic, abdominal and other irritations, I use comp. powd. lobelia, to the chest, mustard to the stomach, and to the bowels either chloroform liniment, mustard, or peachtree fermentations. Some cases require nux v. internally, etc. Permit me to say here that the salicylate of cinchonidia is far preferable, in this disease, to any other preparation of the bark. Again, a large number of cases would get well within twenty-one days without drugs, with good nursing and proper diet; but, again, a good many would die without proper medication. Qunine is of little account, only during the latter end, and then I prefer the salicylate of cincho.

During the incipiency of this fever, the patient has accumulations in the stomach, and should have a proper lobelia emetic. Afterwards our remedies and regimen have better effects. It is worse than useless to rely upon "Specific Sedatives" and large doses of quinine in this fever.

In conclusion, permit me to say that I use the "Specific Med-

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icines" manufactured by Messrs. Lloyd Bros," successors to T. & L Bros., whom succeeded H. M. McMorrell & Co. When I prescribe these medicines I know what to expect. They bring the answer. I cannot say this for all other preparations. Remember, in this fever, we must "conserve the vital forces," "aid nature," and to do this we must watch and meet the pathological conditions as they arise; and to do this, we must have a knowledge of the relation existing between drug action and expressions of diseased conditions; then we need pure concentrated preparations in minute doses.

IMPAIRED DIGESTION—A CASE OF MANY CRONIC DISEASES—SKIM MILK FOOD.

In the treatment of many diseases food becomes a very important element, and the kind of food, often an important question

Last month a gentleman who has been a chronic invalid for two or three years consulted us about his case. As soon as we saw him our mind was made up that some kidney disease was the cause of his affliction. On testing his urine, we found considerable albumen; it was also very acid. The symptoms in his case were pain in his loins, dyspepsia, voided a great deal of high colored urine per diem; appetite capricious; restless nights; a feeling of general malaise all the time.

We placed him on fl. ex. rhus aromatica, fl. ex. buchu, aa., 30 drops every four hours in a glass of water. The next point was to regulate his diet. We are wedded to the skimmed milk diet in chronic diseases as far as we can push it. Now, here is a point worth careful consideration. This gentleman would some days drink four pints of skimmilk and eat only about four or five ounces of bread in the twenty-four hours. After two weeks under this treatment he expressed himself as feeling much improved. The feeling of being tired and exhausted was departing. He no longer left his bed at morning feeling as tired and unrefreshed as when he retired at night. As days went on his feelings improved gradually; the pale, haggard aspect of countenance was giving way to a healthy and cheerful appearance. He slept better during the night and had but little trouble with his digestion in two months after commencing treatment.

We made frequent tests of his urine during the time for albu-

men. using pure nitric acid and heat, which we find the surest and safest test to rely on. The first week showed considerable albumen in the urine. We advise to divide the urine into three parcels for testing: 1. That passed in the morning after waking; 2. That passed at mid-day; 3. That passed at night before going to bed. This is needed to show us at what time in the twenty-four hours, the largest quantity of albumen is passed, because we find cases in which albumen is found in the urine at some part of the day and very little or none at an other part.

Ten days after commencing treatment, the quantity of albumen and urea found in the urine was considerably diminished, and in six months the albumen had all disappeared.

This patient is now well, but we wish to call attention to some physiological points, the discussion of which may be of advantage to some of our readers. In the first place, let us note the quantity of nitrogen in the daily diet of this patient. On an average, he took at least three pints of milk, and often six ounces of bread per diem. Now, when we analyze the milk we find that a pound of cow's milk contains from forty-three to forty-five grains of nitrogen. We also find that one pound of fair lean beef, free from bone and loose fat, contains about 175 grs. of nitrogen. According to this, three pints of the milk of a well-fed cow is about equal in food value (including the nitrogen contained) to one pound of lean beef free from bone. The following table will present the case clearly:

	1 Lb. Lean Beef.	1 Pint. Cow's Milk.
Water	72	86
Albumenoids	19.3	4.1
Sugar	00	5.2
Fat	3.6	3 9
Salts	5.	0.8
Solids	28	14
Carbon, grains of	1845	500
Nitrogen, grains of	184	45

One pint of the milk of a well-fed cow will weigh 7,000 grs.

A large part of the proteid constituents of beef is indigestible, while all the proteids in milk are digestible; so that three pints of good milk really equals in food-value one pound of lean beef.

When this patient ate beef, if not more than two or three ounces, he was sure to have a severe exaggeration of his symptoms, with considerable fever, pain in his loins, urine less in quantity and high colored, peculiar nervous symptoms and much malaise. Why was this? We may get the answer in some such

way as this: Proteids that are imperfectly reduced to peptones by the gastric function of digestion, on reaching the duodenum are acted upon by the pancreatic juice, and may, under certain circumstances, be split up into leucin and tryocin, and the tardier the action is, the longer the process is continued, the greater is the amount of these two crystaline nitrogenious bodies produced.

Foster, in discussing the question of pancreatic digestion of proteids shows that the quantity of peptone derived from any given quantity of proteid is much less than is obtained from the action of pepsin. We know from clinical experience that an impaired gastric digestion is speedly followed by an immense increase of urea in the urine, besides this, a peculiar coloring matter appears in the urine, called by the late Professor Golding Bird, purpurine, and which is the source of the high color when heat and hydrochloric acid are added. In this connection is also found an immense quantity of leucin and tryosin in the duodenum which enter the liver, thus to be converted into urea; hence, the double tax put on the liver and kidneys as the result of impaired gastro-intestinal digestion. It may be well to state that leucin and tyrosin are obtained from the action of the pancreatic juice on proteids, splitting them up into these two nitrogenious crystalized bodies, and their proportion to peptone is very largely increased when duodenal digestion is enfeebled, or when gastric digestion is so enfeebled as to send down in the chyme to the duodenum a large quantity of imperfectly formed peptones. We have heretofore discussed this topic to some extent in these pages, showing how impaired gastro-duodenal digestion provokes liver and kidney diseases.

The next question to be discussed is, why patients with feeble and impaired kidneys can take skim milk in quantities, per diem, the nitrogen of which equaling, or even overgoing, the amount found in lean beaf, without experiencing ill, and finally getting well? This is a frequent experience in practice. The answer must be, that milk is much easier digested by the stomach

The casein of milk is coagulated by the rennet of the gastric juice, then the pepsin dissolves it into peptones, which are readily absorbed by the gastric plexuses of veins and lymphatics, so that the major part of the proteids of the milk enter the portal circulation from the stomach, but a small part enters the duodenum, and this no doubt is quickly acted upon by the pancreatic juice so that hardly any leucein is formed.

A large share of the albumen found in the forming stage of Bright's disease, we believe, comes from imperfectly assimilated albumen, which finally becomes a severe tax on the kidneys to throw off, and which, no doubt, was primarily engendered by the peculiar discrasia that induced the alimentary dyspepsia. Beef, and other such proteids, being more difficult of digestion, a considerable part will be carried down to be acted upon by the pancreatic juice; hence, a large amount of urea will be thrown into the blood to be removed by the kidneys, and when these organs are weak a large quantity of urea will be left in the blood to poison the tissues. A great deal of the symptoms called "malarial," and much of the diseased condition of the system styled "malarial," we believe are due to impaired digestion and assimilation of albuminoids. There are formed innumerable products in the duodenum from them, which enter the liver and exhaust its vital energies; as a consequence, there is thrown into the blood a vast quantity of poisonous material, having some of the toxci properties of ptomanies, which poison the nervous and secernent systems.

We find many dyspeptics passing large quantities of urine per diem, the cause of which is doubtless the abundance of urea in the urine; this latter we know to be a powerful stimulant to the renal epithelium. We can, then, trace the pathological chain by its physiological links to its source, to know which is more than all else in the science of cure.

FIBRO-DEGENERATION OF THE PLACENTA.

BY E. CARMICHAEL ROTHROCK, M. D., TEXAS.

Mrs. V. C——, aged twenty-four, was confined with her third child February, 1884. Nothing unusual transpired until the third stage. After manipulating for twenty minutes or more, and the placenta not coming away, we proceeded to extract, gently insinuating the hand. The after-birth was found adhering firmly to the fundus. On attempting to remove it from the uterus we found great difficulty, as the placenta, or substance of the placenta, would break down under pressure of the fingers, and was attached by ligamentous cords, the size of a knitting-needle, which appeared to enter into the substance of the uterus. After thirty minutes' work, we succeeded in detaching seven or eight of the cords. As it gave pain, and the woman begged for rest, we desisted. After three-quarters of an hour, the patient expressing

herself restored and ready, we concluded to administer chloroform and extract, as delay would render the operation more difficult than at present, the parts being relaxed and the woman in good condition; besides, any delay would expose the patient to the danger of blood-poisoning (septicæma) from absorption of decomposing placenta, and, perhaps, hemorrhage, which is likely to continue until the uterus is emptied, and perhaps drain the patient of all her blood. After the patient was well under the influence of chloroform, the hand was introduced, and, after a half hour's hard work, we succeeded in removing the placenta. It was quite large, and presented, here and there, a whitish appearance, easily torn, and there were between thirty and forty white cords running through the substance of the placenta, each one of which had to be removed by force from the substance of the uterus. We supposed, at one time, that it would become necessary to remove it in the same way as fibre-polypus of the uterus are removed—wire-ecraseur—but succeeded in separating with the fingers. Expecting hemorrhage, we had given ergot just before completeing the operation, and a binder was immediately put on to maintain pressure. There was very little hemorrhage. Firm contractions was secured before leaving the patient. The surface left on the uterus from removal of placenta presented by touch a rough place, some five inches or more in diameter, as near as we could guess, with small pieces of placenta and fibrinous cords, some one-fourth inch, depending therefrom.

Second visit, twelve hours after, we found the patient doing well. Gave a laxative; enjoined rest, quiet, and light diet as necessary to combat inflammation of the uterus, pelvic inflammation, septicæma, etc.

Third visit—uterus well contracted; lochia fetid. Intra-uterine injections, twice a day, of mur. hydrastin and permanganate potash. Some fever; bowels constipated. Gave cathartic.

Fourth visit—No fever; bowels acted; some appetite; patient wanted to leave bed, but was prevailed upon to remain in bed and keep quiet.

Seventh day—was sent for in great haste; found, on my arrival, profuse hemorrhage, which was controlled readily by ergot, fleabane, and pressure. She gradually improved, and there was no more trouble. The baby—a boy—did well. Intra-uterine injections were continued for two weeks.

HAY FEVER.

BY W. H. HALBERT, M. D., LEBANON, TENN.

I have used, for two years, during the summer and fall months, the fluid extract and tincture of apocynum for this strange disease. I have not supposed, for the last five or six years, that there was any other way to treat this disease except by partially destroying the mucous membrane of the nose.

I have used apocynum on eleven cases of hay fever last year, and the past summer and fall, with a complete cure in five cases and very great benefit in the other six. Two of the six were only partially benefitted. I used on the last two named a 4 per cent. solution of muriate of cocaine, 25 drops to 1 ounce of vaseline. Place 20 grains of this mixture in each nostril at bedtime. This application, once every day, gave almost complete relief during the whole twenty-four hours.

The quantity of apocynum used was 30 drops of fluid extract to 4 ounces of water; dose, 1 teaspoonful every three hours.

I would like for some of your readers to use the above preparation, and report what success.

A QUICK FILTER.—C. F. Nixon (Druggists' Circular) says: "Take a clear piece of chamois-skin, free from thin places, cut it of the desired size, wash it in a weak solution of sal soda or any alkali to remove the grease, and rinse thoroughly in cold water before using. Tinctures, elixirs, syrups, and even mucilages are filtered rapidly. A pint of the thickest syrup will run through in four or five minutes. By washing thoroughly after each time of using it will last a long time."

RHEUMATISM.—Dr. James Craig (N.Y. Medical Journal) speaks in the highest terms of the syr. hydriotic acid, given in from 1 to 3 teaspoonful doses (according to age), in water, every two hours, in the acute form of this disease. It speedily relieves pain, reduces the swelling, and prevents heart complications.

COCAINE.—Cocaine has attracted very much attention of late and many are asking what it is. If you will not repeat it to every one you meet, we will give it on the authority of an eminent chemist: Cocaine is methytbenzomethoyxethyltetrahydropyridinecarboxylate.—*Leonard's Il. Med. Jour.*

ABSTRACTS.

PERSISTENT SYMPATHETIC VOMITING OF PREGNANCY—TWO CASES.—By W. T. Baird, M. D., Albany, Texas, and R. G. Williams, M. D., Whitney, Texas.

CASE NO. I.

I recently treated a young married lady for obstinate vomiting due to pregnancy; and as the result was so satisfactory—whereas the result of these cases is generally so unavailing, and so trying, both to patient and physicians—I am induced to give history and treatment of the case.

Mrs. A. R., aged 19, married in September last, and pregnant now three months. She had always been healthy, though of rather a delicate constitution. She commenced vomiting two months ago (present date July 5th), and continued till she became quite emaciated; then restlessness set in, and day nor night she could not sleep, only for a few minutes at a time. On swallowing anything whatever, either food or drink, vomiting was provoked, and she suffered constantly with a distressing nausea, even while the stomach was empty, accompanied by a most terrible heartburn constantly; great jactitation and rolling about on the bed and wildly tossing her arms. (These were not symptoms of hysteria—there was no such complication.) Her temperature was normal, and her pulse ranging from 160 to 180 per minute, weak and easily compressed. A large herpetic ulcer occupied each angle of her mouth. The walls of the stomach were so greatly thickened by congestion of its vascular tissue, that it presented the appearance of a large pulsating tumor, which could be plainly seen beating as she lay on her back. The abdominal walls were tense and rigid; bladder containing nearly a pint of light colored urine, although she said she had voided her urine a few minutes previous to my arrival. Uterine hemorrhage had set in the night before, and she was now threatened with abortion. The tongue was coated with a thick, yellowish fur, tips and edges intensely red, and presented the appearance of a piece of raw beef; surface dry and harsh. The only pain complained of was that in her stomach, which was constant and excessive.

She had been under treatment of my esteemed colleague, Dr. Powell, who had been called away a long distance, hence, my

services were required. The doctor had given her carbolic acid and a cathartic, and also some other remedies, and had brought over his electrical apparatus, but, I believe, did not use it.

Having, from experience in these cases, little faith in medication, by the mouth especially, seeing the stomach is in such condition that all absorption must be arrested, I at once resorted to the use of the electrical current. At first I applied a current from the primary, with 1st and 2nd induction coils—positive in the vagina, electrode insulated to near its tip, which point was brought in contact with the os uteri; then, using my hand for the negative, I passed it gently over the abdominal region and over the spine for about twenty minutes, with the current as strong as she could bear with comfort. Then, using the same current, I applied the positive with a sponge electrode over the region of the stomach, and the negative on the spine, opposite, also over the right hypochondriac region, for about ten or fifteen minutes. The position of the poles was varied—at times a current was sent down the spine, negative to os coxcygis and positive to cervical region, for a few minutes.

This treatment, with the omission of application to the os, was instituted twice a day for four days. The first application arrested the uterine hemorrhage while the current was being applied, and it only occurred once, and then only for a few minutes. The jactitation subsided at once, and did not recur. The first night she slept better; second day, her pulse was 140 to 160, other symptoms unchanged. Third day, pulse had fallen to 120 to 140, while the pain in the stomach had become less intense; tongue cleaning off and losing the fiery redness; bowels softer, stomach diminishing in size, urine highly colored (but containing no bile), and voided without difficulty. Fourth day, all symptoms improving; pulse 120. Ate occasionally on the fourth day, without experiencing either nausea, retching or vomiting, and although relieved of the distressing symptoms she was too feeble and too much prostrated from the exhausting effect of emesis, and the privation of food and drink, to sit up in bed, and when raised experienced vertigo. On the fifth day—by which time the seances or application of the electric current had been reduced to one only—her pulse was fuller and stronger, and she ate well her accustomed food without a return of the nausea and vomiting, and was dismissed feeling as she said, "perfectly well," and being able to sleep as in health. She sat up a few moments on

the fifth day. When I called again, on the sixth day from my first visit, I found there had been slight return of the nausea before breakfast, but not afterwards, and at this visit I found her perfectly comfortable and able to eat her three meals a day without a return of the vomiting; meantime the abdomen had softened and the bowels had acted spontaneously, whereas enemas had been used previously; tongue cleaned off, and presenting almost a normal healthy appearance. I had no fears for her safety now, and dismissed the case.—*W. T. Baird, M.D.*

CASE NO. 2.

Mrs. K. M., Colorado, Texas, aged 24, married May 1st, 1884; general health good; usual weight 130 pounds. Early in October of same year she aborted at sixth week. By the following December her general health was fully restored, and continued excellent until April 1st, 1885, when she again conceived. Nausea was one of the earliest and most persistent symptoms; for the first two weeks in April vomiting came on only in the the afternoons, but by the 15th inst. it was as troublesome in the morning. About this time Dr. C. was called in. By May 1st this vomiting was more or less constant through the night as well as the day. Dr. T. was now called in sometime later, but failing to give the desired relief, her husband desired my services. I reached her bedside on the morning of June 11th.

At this date she was greatly emaciated, restless, and unable to sleep more than two out of twenty-four hours. Bowels costive, moving only by daily enemas; mentally depressed, extremely nervous, complete loss of appetite, and vomiting almost constantly.

Believing the former attending physicians had about exhausted all medical treatment, I determined to withhold all medicines, and treat my case wholly with electricity. For this purpose I used the Faradic battery, primary, with first and second induction coils, positive electrode to cervical vertebra, negative to epigastrium, length or application twenty minutes; then with stronger current passed the current down the spine, labial application, time five minutes; then placed positive electrode over coccyx, using negative over lower extremities, three minutes. In this way electricity was used twice on the 11th, three times each on the 12th and 13th, when my battery failed to perform. No benefit whatever was perceptible until after the fifth application, when my case slept well all night, awakening on the morning of the

14th calling for food. Food and fluids were now given liberally, and retained.

On this day she determined to return with me to my home for further electrical treatment, and though the distance was two hundred and fifty miles, the journey was made in twenty-four hours, and without once vomiting.

On the 15th electrical treatment was again instituted, and continued morning and night, with steady improvement, until the 20th, when mastititis supervened.

This was first treated by the application of the the P. A. Harris bandage, but from faulty arrangement it failed to give the relief expected, and on the morning of the 21st, both glands being greatly enlarged and extremely painful, preventing sleep the previous night, I began the electrical treatment, directed especially to the breasts, applying the positive electrode to gland, with the negative to upper dorsal vertebra, then passed the current directly through the mamma from side to side.

After the fourth application I heard no further complaint, and ceased all treatment, except general electrical tonic treatment once per day, until the 6th of July, when she returned home.

On the day of her departure from home she weighed 110 pounds; on the day of her return she weighed 123 pounds. All of the other symptoms had proportionately improved. The bowels were moving normally, the appetite splendid. She rested well each night, and slept an hour or two each day. She was now cheerful and buoyant, and begun to show roses on each cheek.

JULY 24.—Have just received a letter from my case, stating that she is doing finely.—M. G. WILLIAMS, M. D., in *American Medical Journal.*

POST-PARTUM HEMORRHAGE.—To illustrate another point in practice, in cases of post-partum hemorrhage, I submit the following:

I was called at 1 o'clock p. m., August 21, 1884, to see J. G. M., in labor with her first child. She first felt pain at 4 a. m. of the same day, and the labor progressed smoothly until 3 p. m., when the first stage was completed, and I ruptured the membranes, giving exit to a moderate quantity of liquor amnii. The second stage of labor was completed at 4.30 by the delivery of a vigorous boy, and the third stage at 4.50, the delivery of the placenta being assisted somewhat by my fingers. The uterus

contracted promptly under massage, but showing a slight disposition to relax, and the patient complaining of more than usual pain after normal first labors, I gave her ten minims of Squibb's fluid extract of ergot and the tenth of a grain of morphia. In a few minutes all appeared to be quiet, and soon after left the lying-in chamber, and was adjusting my cuffs in another room when the nurse notified me that she thought the patient was bleeding too much; and on returning to the bedside I found the patient in great pain, referred to the left iliac region in front and sacrum in the rear, and that the fundus of the uterus had risen to the umbilicus. I immediately administered twenty minims of fluid extract ergot and a tenth grain of morphia, and resorted to massage of the uterus through the abdominal wall, which induced contraction without reducing its size or position. The patient was lying on her back, now complaining of still greater pain, and I had her turned to her left side, the position in which she was delivered of both child and secundines. The only effect of this turning over was to transfer the pain from the left to the right iliac region; it and the sacrum pain were both now so intensified that the victim declared the suffering much greater than at the close of the second stage of her labor. This pain was located where I had not before known it in a primipara, and it was of a severity I had not before witnessed in a primipara. It amounted to agony. And added to this the uterus was contracting powerfully under manipulation at regular intervals, but was not at all reduced in size. The pulse had become frequent and feeble, and the prolabia had lost some of their freshness, but no blood was passing the vulva. My diagnosis was that the womb was filled with blood, which the contractions, strong as they were, could not remove.

Here, then, was a case militating againt the views I had held and the doctrine I had preached for many years, viz., that a healthy womb after a normal labor did not have a mischievous clot in it that could not be expelled by its own contractile power, stimulated by external manipulation, rendering it always unnecessary to insert the hand into the organ to turn out the clot, according to the orthodox rule in such cases made and provided.

The case in hand clearly indicated to me the necessity of rendering manual assistance to rid the uterus of the offending clot, and I proceeded promptly to that service. Passing my fingers between the labia, I found the ostium vaginæ closed by a

smooth body, seeming to the touch like a ball of considerable dimensions covered with a serous membrane. This puzzled me. In the attempt to obtain knowledge as to its character by a digital exploration of it, it was ruptured, and my fingers passed into its substance solving the mystery of its nature by demonstrating it a clot of blod of an extent that plugged up the entire vagina and reaching into the womb. Having determined these facts, it was the work of but a moment to break the vaginal coagulum, and, the contracting womb extruding its contents, the whole mass was speedily driven out through the vulva, and the uterus on the instant was reduced to its proper size and position; the pain and distress immediately disappeared, everything promptly assumed a satisfactory condition, and all was well. The loss of blood had been considerable, but not enough to require further special attention at the moment, nor did it prevent an ordinary good recovery of the patient.

The outcome of this case declared the correctness of my diagnosis so far as the ultimate facts were concerned, but my views were at fault in supposing the barrier to the exit of the womb-clot to be at the uterine os instead of at the ostium vaginæ, where I found it, and the removal of which cleared away the whole difficulty, rendering it not only unnecessary to pass my hand into the womb, but making it obvious that it would have been bad practice to have done so, leaving me able still to declare that in over forty-four year's practice I have never met with a case of post-partum hemorrhage when, to save the life of the patient, it was necessary to pass the hand into the womb and turn out the clot.—*Ex.*

EGGS AS FOOD.—Eggs, at average prices, are among the cheapest and most nutritious articles of diet. Like milk, an egg is a complete food in itself, containing everything necessary for the development of a perfect animal, as is manifest from the fact that a chick is formed from it. It seems a mystery how muscles, bones, feathers, and everything that a chicken requires for its perfect development are made from the yolk and white of an egg; but such is the fact, and it shows how complete a food an egg is. It is also easily digested, if not damaged in cooking. Indeed, there is no more concentrated and nourishing food than eggs. The albumen, oil, and saline matter, are, as in milk, in the right proportion for sustaining animal life. Two or three boiled eggs, with the addition of a slice or two of toast, will

make a breakfast sufficient for a man, and good enough for a king.

According to Dr. Edward Smith, in his treatise on "Food," an egg weighing an ounce and three-quarters contains 120 grains of carbon, and 17¾ grains of nitrogen, or 15.25 per cent. of nitrogen. The value of one pound of eggs, as food for sustaining the active forces of the body, is to the value of one pound of lean beef as 1584 to 900. As a flesh producer, one pound of eggs is about equal to one pound of beef.

A hen may be calculated to consume one bushel of corn yearly, and to lay ten dozen or fifteen pounds of eggs. This is equivalent to saying that three and one-tenth pounds of corn will produce, when fed to a hen, five-sixths of a pound of eggs; but five-sixths of a pound of pork requires about five pounds of corn for its production. Taking into account the nutriment in each, and the comparative prices of the two on an average, the pork is about three times as costly a food as the eggs, while it is certainly less healthful.—*Boston Journal of Chemistry.*

HYDROBROMATE OF HYOSCINE.—Prof. H. C. Wood (in the Therapeutic Gazette for September) publishes an additional note upon his experience with the hydrobromate of hyoscine. The dose for an adult he places at 1-80th of a grain. In spermatorrhœa he believes it to have a specific field of usefulness; thus, in a case in which the discharges were three a week, they were completely arrested by a dose of 1-75th of a grain at bedtime each night. The effects of the drug do not seem to be very lasting, but they are quite evident during its administration. It was employed in the penitentiary by Dr. Robinson, who reported that its results were surprisingly good. In a case of a woman with eroto-mania, its influence was also decidedly beneficial. As a hypnotic, it is useful where sleep is prevented by the great cerebral activity, by a succession of thoughts, or where sleep is disturbed by urgent dreams. In intense fever, with delirium, the hyoscine has seemed to control this symptom. Used hypodermically, in one case it seemed to produce a paralyzing effect upon the pneumogastric nerves; the patient, a woman, had an attack of suffocation, apparently paralytic and laryngeal. The dyspnœa of a child suffering with anginose scarlet fever, was much increased after taking the drug, and in the course of an hour or two death resulted, whether from the use of the drug or not is uncertain; but these two cases are sufficient to arouse suspicion.

CONCENTRATED SOLUTIONS OF SALINE CATHARTICS IN DROPSY.—Dr. Matthew Hay, of Edinburgh (who has accepted a chair at Johns-Hopkins University), presented a novel method for the treatment of serous effusions in the Lancet of April, 1883, the good results of which have been recently reaffirmed by Dr. W. G. Eggleston (Journal American Medical Association, March, 1885). In cardiac dropsa, or pleural or abdominal effusion, abstinence from water and liquid food is enjoined for one day, and on the following morning a comparatively large dose (three ounces) of magnesium sulphate, dissolved in two tablespoonfuls of hot water, is to be administered. The results which have been reported have been surprising, especially where the saline is repeated on the second morning. Large watery evacuations are obtained, and the effect may be enhanced by the subsequent use of jarborandi (ext. fl. 20 drops), to act upon the skin. This method of treatment deserves further trial by the profession, not forgetting, however, that in children or persons subject to bowel-disorder a serious entero-colitis might be developed. Christison reported a case of a boy who took 2 ounces of Epsom salts and died with symptoms of gastro-enteritis without purgation. The hypodermic injection of solution of magnesium sulphate has been advocated in cases of dropsy.—*Medical Times.*

PLATING WITHOUT ELECTRICITY has been made the subject of an English patent by Dr. Peter de Tilliers, of St. Leonards-on-Sea. In addition to the formulæ given in a recent number (Druggist and Chemist), we give one of the patent formulæ from the Journal of the Society of Chemical Industry. The inventor coats iron, steel and other metals with silver, gold, nickel, copper, albuminum, zinc, tin, lead, or alloys of these or other metals, by immersing the heated metal article to be plated in a solution of certain salts of the covering metals, and then decomposes these salts on the metal by suitable reagents. The following formulæ is for a silver and tin alloy: Thoroughly cleanse the iron or steel to be covered with caustic alkali, then with pure water. Then heat it to 150° C.; make a boiling solution of distilled water, 10 gallons; tartaric acid, 10 ounces; introduce into this solution, when clear, 2 ounces chloride of tin dissolved in 40 ounces of water; then 1 ounce, or less, of chloride of silver dissolved in concentrated solution of light sulphide of soda; boil for a quarter of an hour, and then immerse the iron, which will be soon coated with the alloy.

ZINC OXIDE IN DIARRHŒA.—Dr. Jacquier (British Medical Journal) has tested the good effects of the employment of oxide of zinc in diarrhœa. He administers every six hours a powder consisting of oxide of zinc, 14 grains; sodium bicarbonate, 2 grains. In some cases the malady had existed from one to many months, and other methods of treatment had not produced any improvement. In all the cases which were treated in this manner by a colleague of his, there was only one in which three doses of the remedy were required.

LIQUOR PANCREATICUS.—Pancreas, 6; hydrochloric acid, 4 fluidounces; glycerine, q. s.; water, 12 pints; oil of sweet orange, 2½ fluidrachms. Macerate the cut up pancreas for three days in the mixture of water and acid, with 2½ pints of glycerine added; strain and add the oil of orange, and make up to 30 pints with glycerine. Filter. One fluidrachm emulsifies 4 fluidrachms of cod liver oil. Or, without the acid: Pancreatine 600 grains; glycerine, 6 fluidounces; orange flower water, 20 fluidounces; filter.—*The Druggist.*

TO CEMENT RUBBER OR GUTTAPERCHA TO METAL.—(Scientific American) dissolve pulverized shellac in ten times its weight of pure ammonia. In three days the mixture will be of the required consistency. The ammonia penetrates the rubber, and enables the shellac to take a firm hold, but as it all evaporates in time, the rubber is immovably fastened to the metal, and neither gas nor water will remove it.

SOLUTION OF MENTHOL.—To meet several inquiries, we (New Idea) recommend the formula given by Hager (Eagan's Liniment) in the third (supplementary) volume of his "Pharmac. Praxis," viz.: Menthol, 5 parts, dissolved in spirits of wine 140 parts; add glycerine, 10 parts, oil of cloves, oil of cinnamon, of each 1 part, and mix thoroughly. Appiied to the painful parts with a brush everal times a day, for sick headache and neuralgia.

A DIURETIC IN SUPPRESSION OF URINE.—Add an ounce of the tincture of digitalis to a warm linseed poultice and apply to the abdomen. This is a powerful remedy, and requires watching. If applied at bedtime and allowed to remain over night, it generally causes the passage of a large quantity of urine by next morning. No effects are seen until the pulse is lowered.—Dr. J. H. WASHINGTON, in *St. Louis Med. Jour.*

TO REMOVE A MOTE FROM THE EYE.—Take a horse hair and double it, leaving a loop. If the mote can be seen lay the loop over it, close the eye, and the mote will come out as the hair is withdrawn. If the irritating object cannot be seen, raise the lid of the eye as high as possible and place the loop as far as you can, close the eye and roll the ball around a few times, draw out the hair, and the substance which caused so much pain will be sure to come out with it. This method is practiced by ax-makers and other workers in steel.—*Medical Times.*

EARLIEST POST-MORTEM IN AMERICA.—The earliest reference that I have found (M. Hartwell, The Study of Human Anatomy,) to a post-mortem examination in America, is contained in a manuscript order of the Council of Lord Baltimore, dated St. Mary's, in Maryland, July 20, 1670. In it, John Stansley and John Peerce, Chyrurgeons, are ordered to view, on Monday, August 8, 1670, the head of one Benjamin Price, supposed to have been killed by the Indians.

VINEGAR, AS A SUBSTITUTE FOR ERGOT, is confidently recommended by Dr. F. W. Epley (in the Northwestern Lancet), in post-partum flooding. A wineglassful was given a parturent woman, who was flooding; instantly as the vinegar entered the stomach there was a shudder, and a firm and tonic contraction of the womb.

ÆSCULUS HIPP.—(Medical Call) this valuable remedy can be used with benefit where the patient complains of severe dull, aching pain in lumbar region, increased by stooping or walking, back and legs feel weak, can hardly walk, limbs feel heavy. The remedy should be used in the 1st or 2x. dilution every two hours.

ADMINISTRATION OF PARALDEHYDE.—To be given at bedtime in a single dose. (Dr. William Craig, in British Medical Journal): ℞. Pulv. tragacanth. com. (Br.), grains xx; syr. aurantii, f℥ii; paraldehydis, f℥j; sp. chloroformis, mm. xv; aquæ, q. s. ad f℥ iiij. M.

THE local use of Benzol in Epithelioma is recommended by Dr. W. H. Bates. The remedy is applied from two to four times a week by brushing it over the ulcer and surrounding skin, previously drying the sore with absorption cotton or lint.

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For extended notes on this preparation send for circular. In *Croup*, Scarlatina, Diptheritis, Pseudo-Membranous Croup, Nitrate Sanguinarina has proved to be almost a specific; not only relieving the inflammation of the fauces, but also dissolving the adventitious formation.

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NEW ORLEANS AND ITS EXPOSITION.—Richard Nixon, the Secretary of the past and coming Exposition in New Oaleans, thus closes an Open Letter in the November Century: "It is fitting that New Orleans should be the promoter of this international enterprise for the additional reason that it was through the World's Exposition that the general public became aware of the great resources of Mexico and Central America, and the advantages inevitably to follow a close commercial reciprocity. Every one had of course read the tales of travelers and had learned to speak of the wondrous wealth of Mexican mines and South American forests in much the same way as they spoke of the magnificence of oriental princes, vaguely and somewhat incredulously. But the World's Exposition gave unmistakable evidence of these and many other extraordinary natural resources. Indeed, it was the immediate success of Mexico's exhibit that has stimulated the other Latin-American countries to take advantage of the opportunities presented by the new enterprise.

"The management of the American Exposition is national in its organization and is working for the prosperity of the entire country. It purchased the plant of the late World's Exposition, and will open its doors on the 10th of November, unembarrassed in any way whatever. With steam transportation from the heart of the city to the exposition grounds, and with unprecedently low railroad rates, there is every assurance of success. The management has set aside for the discussion of the great commercial problem certain days, when leading minds of the three Americas will meet for an interchange of ideas, and give to the industrial life of this country an impetus as irresistible as the mighty river upon whose banks they deliberate."

WHEN AND HOW TO FEED HORSES.—(American Agriculturist for November,) a horse ought to be fed when he is hungry, and he ought to be hungry every day. What makes him hungry? The constant waste of the system. The muscles when brought into use waste somewhat, especially exercise or labor is a draft upon the muscular system, in fact, upon the whole system. After the system has been taxed, and if the tax is sufficient to partially exhaust or fatigue the animal, rest is more important than feed; hence the horse should stand and rest awhile before he is fed. Digestion demands a flow of blood to the organs then at work, and as the blood has been drawn away from them to sustain the muscular exertion during labor, it should not be suddenly with-

drawn and turned in upon the organs of digestion—hence let him rest, and after an hour or so, he will be found keen and "sharp set."

There is probably no food so good for recuperating exhausted muscles than good, sound, heavy oats. They are easily digested, nutritious, muscle-building and blood-making in a high degree. They are little heating, do not tend to making horses sweat, and on the whole, are the best food a horse can have. Barley is very good, not equal to oats. Indian corn is a very poor substitute, not so easily digested, heating, and causing the animal to sweat. As to system, a horse should have hay first, then grain, and water when these are digested, or water should be given half an hour at least before feeding. Horses often have dyspepsia, induced by being fed when warm, or being worked after a full meal. The practice of feeding hard-worked horses at noon and working them immediately after, is of doubtful utility. Horses will go eight and probably ten houas without food if properly fed at evening and morning. They should have water more frequently, but never when hot.

COMP. LICORICE POWDER.—Take of senna powdered, 2 parts; licorice root powdered, 2 parts; fennel seed powdered, 1 part; washed sulphur, 1 part; white sugar powdered, six parts. Mix them.

SMALL POX IN MONTREAL, CAN., has been a fearful scourge raging throughout that part of the Dominion with unabated fury. The mortality has been ghastly. Canada is one of the great strongholds of Allopathy, the so-called "Irregulars" are practically ruled out by law, because the medical law of the Dominion is clearly and entirely Allopathic, and is in strong Allopathic hands. Small pox in Canada is very much like cholera in Spain, so far as ghastly death-rates are concerned. Both countries are orthodoxly Allopathic—as "Regular" as regular can be. Laurels, you know!

FINELY POWDERED BORIC ACID is undoubtedly one of the best local agents we have for treating any suppurating and ulcerating condition of the eardrum. Apply it dry, as liberally as you please, even to filling the meatus with it. Reapply it as often as is needed.

EDITORIAL.

REPORT OF THE PROCEEDINGS OF THE ILLINOIS STATE BOARD OF HEALTH. Quarterly meeting; Springfield, October 29–30, 1885. This report is to hand, from which we learn that the notorious "Dr." Lighthall, who was doing the doctoring for the State of Illinois, with a brass band and tents, and dancing girls, etc., has abandoned the State. We do not know that the Grand Quack, "Dr." Lighthall, anymore jeopardizes the health and longevity of the people of Illinois than do hundreds of Allopaths who are practicing in that State under the benign smiles and tutilary halo of the State Board of Health.

We learn from this report that one of the most pronounced results of the labors of the Board of Health is seen in the number of cases of alleged irregularities, evasions of requirements, granting diplomas in violation of published and usual conditions, etc., charges of which are constantly presented to the board. During the quarter the correspondence upon this topic has extended to Minnesota, Michigan, Indiana, Kentucky, Ohio, and Pennsylvania, in addition to Illinois, and the charges involve *nine* different schools. All of these, we venture to say, are Allopathic schools. But the Illinois Board of Health is not fierce only on one side, because the report says that charges affecting the reputation and good standing of a medical school are too serious in their consequences to be lightly and inconsiderately bruited and discussed. Even when they have been substantiated, after patient and impartial investigation, the board thinks it is wiser and productive of better ultimate results to refrain from publicity, etc.!

We would be very much mistaken in our opinion were we to presume that this board would deal thus partially and kindly with Eclectic colleges located outside of Chicago. No; who is so stupid as to be thus humbugged?

Illinois is an immense State, and affords a splendid field for doctors. Its paludal soil and climate; its great wealth, and all else, make it a magnificent field for medical schools; nor have the Chicago colleges been slow in taking advantage of the charming opportunities thrown before them. Is not the State Board of Health an excellent automatic machine, well planned and as skillfully managed, or how can you account for the marvellous growth of the Chicago medical colleges? When you find a larger num-

ber of students in a Chicago medical college than any New York or Philadelphia medical school contains, the idea easily presents connecting the usefulness of the State Board of Health in promotion of those interests. Of course, the Allopathic colleges know they can play around the farce of "elevating the standard," and all this kind of bow-wow, with effect, for they are all engaged in a gigantic competitive struggle to obtain students, and will have them "by hook or by crook."

The report shows how finely the game goes on, and yet some Eclectics profess to be proud of the run of things. The crookedness of Allopathic colleges is not a mistake, and the State Board of Health knows the a, b, c of it all. But the people pay the fiddler for this dancing; so "Dr." Lighthall was not far out of his element when he was holding forth in Illinois.

The Allopaths have reason to be as proud of it as Satan is of Lucifer, and with the help of a few half-traitorous Eclectics, hope to accomplish the outrooting of Eclecticism (barring, of course, the graduates of Bennett).

We thank Dr. J. H. Rach, the obliging secretary, for a copy of the report, and assure him we do most sincerely appreciate his urbanity and courtesy.

CORRESPONDENCE.

EDITOR GEORGIA ECLECTIC MEDICAL JOURNAL:

Miss Lizzie Abbott, M.D., was arrested lately in Blount County, Ala., for practicing medicine unlawfully in said county. The doctor is a resident of Cullman County—a lawful practitioner thereof—and had crossed the line to attend some cases. She was arrested at the instigation of a Regular Cochranite, and cited to trial before a Notary Public at Hanceville. The Notary dismissed the case against her for want of evidence, though she admitted she practised sometimes there, or came for that purpose.

The citizens of Hanceville manifested a hearty sympathy for Miss Lizzie, and warmly congratulated her on her release.

Dr. F. W. Abbott was then arrested on the same charge. The Cochranites asked for a continuance on his case, and Dr. Abbott waived trial and gave bond. If the grand jury finds an indictment against him, he will show up the unconstitutional medical law of Alabama, and the miserable bossism of the Alabama State Medical Association.

The dismissal of Miss Lizzie's case looks like a subterfuge, as

she had lectured the evening previous to her arrest to the ladies of the town, and was then treating some cases. I rather suspect a sensible officer professed a contempt of the contemptible law to that of a pronounced public opinion.

The illegality of Miss Lizzie Abbott's practice consisted in failing to obtain a certificate of qualification from the Blount County Medical Society. Public opinion will never allow such one-sided class legislation enforced in Alabama.

J. W. R. WILLIAMS, M. D.

PILOCARPINE acts so very energetically on the sweat and salivary glands that we are enabled to profoundly impress the whole vasomotor system by means of its action. Some powerful results are obtained from it in cases of profound engorgements of organs under the pressure of various septic causes, and the energy of the vasomotor centres are undoubtedly in this way aroused. Recently, we saw a case of deep and far-reaching engorgement of the abdominal viscera and of a lung, the result of a sudden severe cold, in a feeble woman just recovering from the effects of a tedious and lingering labor, in whom death seemed inevitable, from the oppressed state of the circulation and the overburthened lung. We recommended a hypodermic injection of pilocarpin, 1/8th of a grain. Very soon it caused profuse sweat and salivation, which was rapidly followed by relief of the heart and lungs; the pulse grew full, firm and steady. The cure was practically wrought at once.

Recently, we have seen several cases of albuminaria reported cured by hypodermic injections of pilocarpine. In the congestion of organs, as the lungs, kidneys, intestines, in the forming stages of approaching diseases, pilocarpin will be found a valuble remedy. Its most essential action, we think, is profoundly affecting the vaso-motor system.

CATARRH OF THE NOSE.—℞. Soda sulphate, ʒ ij; soda bi-carb. ʒ i; permanganate of potash, grs. xx; water, ʒ xx. Mix. Use warm with the douche in catarrh of the nose and phaynx. In some cases, a douche of potas bromide, 8 to 10 grains to the fluid ounce of water, does well, and relieves pain. Recently, we learned that a tincture of our sweet gum tree, inner bark and the gum, used with the spray, and taken internally, in ʒss doses, has given good satisfaction.

ERGOT A SPECIFIC FOR PUERPERAL CONVULSIONS.—Dr. R. K. Medaris writes to the Medical World stating the information he received of an old practitioner, that ergot in his experience was a specific in puerperal convulsions. The old doctor said he had never failed to check the convulsions with ergot alone. His method of using it is to give large and oft repeated doses until the patient is perfectly ergotized.

Dr. M. says his informant gave the history of several cases in which it was necessary to give stimulants to counteract the effects of the ergot after the convulsions had ceased.

[Ergot, we know, is a profound vaso-motor simulant, its action being to contract the arterioles and squeeze out the blood from the engorged vascular areas. The central nerve masses are the seat of congestion in puerperal convulsions; so is the uterus also. Perhaps there are other vast vascular areas that are suffering a corresponding vaso-motor constriction at the same time, hence, the balance of the circulation is disturbed. Ergot is a valuable remedy in all these cases because of its stimulant action on the fibres of organic muscular tissue (the fusiform muscular elements of the arterial system) stimulating them, no doubt, through the action of the ergot, also upon the vaso-motor centre, and the whole medulla also comes in for a share of this stimulant action; hence, the reflex energising influences that are sent all over the system under the action of ergot.—ED. G. E. M. J.]

THE PULSE OF ANIMALS.—The health of animals, as well as that of human beings, may often be guessed at very shrewdly by simply feeling their pulse. In a horse, a good and strong but quiet pulse beats 49 times a minute; in an ox, 50 to 55; in sheep and pigs, not less than 70 nor more than 80 for ordinary health. It may be felt wherever a large artery crosses a bone. In the horse it is generally felt on the chord which crosses over the bone of the lower jaw in front of its curved position, or in the bony ridge above the eye; and in cattle over the middle of the first rib. In sheep it is, perhaps, easiest to place the hand on the left side, where the beating of the heart may be felt. A rapid, hard and full pulse in stock, points to inflammation and high fever; a rapid, small, and weak pulse also to fever, but to fever accompanied by a poor and weak state of the subject. A very slow pulse in stock will often be found to indicate brain disease, while a jumping and irregular pulse shows something wrong with the heart.—*Leonard's Illus. Med. Journal*

A GOOD LOCATION in Florence, Ala., is awaiting some live and energetic, well-qualified Eclectic physician. A private letter from Dr. J. B. Pounly, of that place, assures us that he will give every reasonable assistance to a good Eclectic physician to get into practice, who comes there. The call for Eclectic physicians from all parts of the South, that reach us every month, shows that the demand is much greater than the supply. The country is, everywhere, overflowing with Allopaths. The intelligent, well-to-do classes are disgusted with these so-called Regulars, simply because the vast mass of them are the next thing to Quacks, for the people have no other way to judge of the relative merits and usefulness of doctors save by the results that come out of their practice. Eclecticism prevails, and grows popular, because Eclectic physicians are successful.

PARKE, DAVIS & Co., Detroit, Mich., are household words among doctors and drug men the world over. The latest enterprise of this energetic firm is their announced intention of providing students with a fine Cabinet of Materia Medica. A splendid blaek walnut case, containing two hundred and eighty-eight specimens of the crude vegetable Materia Medica, at the very low price of $10 is promised, if fifty orders are received for it. The Cabinet will be tastily and conveniently arranged to facilitate its usefulness. It will contain a tray and two drawers, and the specimens will be contained in wooden boxes, neatly turned expressly for this purpose, each one marked with a number, which an enclosed list will interpret. We predict for it a very extensive demand from all sections of the country. This liberal firm made the College a present of an extensive collection of crude Materia Medica, which we find of great use in teaching.

THAT SULPHIDE OF LIME is a valuable local application in Small Pox is not to be doubted. Dr. C. J. Peters (Indian Medical Gazette) assures us he aborted the pustules, and prevented the formation of pus, by applying the fluid to the vesicles or pustules two or three times a day, which prevented the secondary fever, and hastened convalescence. The fluid is prepared as follows: Boil together 4 ounces of quicklime and 8 ounces of sulphur in 5 pints of water until reduced to 3 pints; cool, strain, and bottle carefully. When exposed to the air it deterioates very soon. It should be prepared only as needed. If kept in half-

pint bottles, well corked, it may last a week, but it had better be prepared fresh every two or three days. Stick a pin here, and recall it if small pox should prevail in the South again.

QUININE INUNCTION.—Lard or cod oil and quinine; rub into the abdomen, inside the thighs, under arm, in axilla and other convenient places, and, when well rubbed in, brilliant results are often obtained from it in many febrile and wasting diseases of children. Many cases present in which quinine cannot be retained on the stomach, inunction affords the finest and best way of using the remedy; besides this, the fat counts for something. We have often ordered quinine and cod-liver oil, mixed 1 to 10, and rubbed into the skin, in cholera infantum and fevers of children. Women are benefitted by it also.

FOR BURNS OR SCALDS apply balsam copaiba liberally. It stops pain and promotes healing. So says Younkin, in American Medical Journal. Dr. Brown, in Journal of Materia Medica, recommends essence of peppermint, liberally applied to the parts after soaking them a few minutes in cold water. Our "better half" uses coal oil with a generous hand with great success in burns. The Scientific American recommends that an emulsion made of 4 parts of yelk of egg and 5 parts of glycerine be freely applied to the burn or scald.

COLDEN'S LIQUID BEEF TONIC is largely prescribed where a nutriment and tonic are needed, and is found to be an invaluable aid in medical practice. Mr. C. N. Crittenton, 115 Fulton street, New York City, is sole agent for it in the United States, will send a sample bottle to any of our readers who mention this journal. The value of this remedy in its proper range is undoubted, as we know from personal trial. See advertisement on third cover page.

ERGOT IN TYPHOID FEVER is receiving more attention since its favorable mention by Duboise, in France, has become known. It lowers temperature and the pulse-rate, and strengthens the capillary circulation, in virtue of its vaso-motor action; hence its controlling influence over congestions and engorgements.

MACROTIS is our great uterine tonic and sedative to the spinal centres, in moderate doses. Many uterine engorgements are owing to some undue hyperæmia of the cord. Stick a pin here.

TINC. IRIS, ʒ i; tr. euonymus, ʒ ij; water, ℥ iv. M. Sig. Teaspoonful three times a day till all is taken. Dr. J. M. Baker, of Banner, Miss., writes to the Eclectic Medical Journal that he never fails to cure chronic agues and masked intermittent with the above; that he uses the same prescription for subacute rheumatism and chronic neuralgia with flattering success. The iris, he says, is a splendid alterative, and will cure anything from acne to the largest size Job's comforters. He says 5-drop doses of iris every three hours till the bowels move is the chologogue *par excellence.*

BENZOATE OF AMMONIA renders alkaline urine acid, a result brought about, we are inclined to believe, by some influence the remedy exercises on the liver. In some portal congestions we have alkaline urine, in others we have sugar, no doubt owing to a disturbance or derangement of the glycogenic and vaso-motor functions. In these cases, also, bile acids prevail in the blood and tissue metamorphosis is delayed. Benzoate of ammonia frequently cleansup all these disturbances and sets the liverin order.

NURSING SORE MOUTH is, accordingly, remedied by those medicaments that are uterine tonics. In all cases there will be found something wrong with the uterus. The internal administration of ℞. Mother's tincture of eupatorium aromaticum; fluid hydrastis, aa ʒij; water, ʒiijss. M. Sig. One teaspoonful every hour. It is surprising how rapidly some cases of nursing sore mouth heal under this simple prescription.—*Am. Med. Journal.*

FOR PROSTATITIS AND CYSTITIS.—℞. Fl. ext. rhus aromatica, fl. ext. corn silk, aa ℥ ij; citrate of potash, ℥ ss. M. Sig. Teaspoonful every 2 hours; drink freely of barley water or a deduction of the common oat boiled, just as it comes from the bin, a double handful to two quarts of water, down to one quart. Tumblerful at a time. This latter is a fine sedative to the mucous membrane of the geneto-urinary organs.

PRURITUS VULVÆ.—No one remedy we know of gives so much satisfaction and so seldom fails, as balsam of tolu. When pure, it is very nearly a specific for the pruritus of pregnant women. Apply to the part by rubbing it well into the skin. Cocaine—a 4% solution—applied to the parts, is highly praised by some writers, but its cost is against its popular use.

FLUID EXTRACT OF EUCALYPTOL is said to be a very valuable diuretic and a powerful aromatic tonic in low typhoid conditions. It acts well in vesical catarrh, all of which are given on the experience of a writer in the Pacific Medical and Surgical Journal. Recently we saw a statement in a German periodical that the oil of eucalyptus is a highly prized remedy in diptheria; that it had given remarkably good results. It is used locally and internally.

THE DIARRHŒA OF TYPHOID FEVER is being well treated with with oil of eucalyptus, ʒ i; tr. hamamelis; ʒ iij; fl. ext. corn silk, ℥ ijss. M. Sig. Teaspoonful in flax seed mucilage every two hours. ℞. Acid carbolic, ʒ·i; tr. iodine, ʒ ij; syrup of tolu, ℥ iiss. M. ℞. Êl. ex. eucalyptus, ℥ i; fl. ex. rhus arom., ℥ ij; glycerin ℥ i. Teaspoonful every three hours. All the above are good.

We find this in an exchange: "I have prescribed Aletris Cordial to Miss K——, age thirty. Chronic endometritis of two years standing, aocompanied by vetro-version; after correcting the latter, the Aletris Cordial was prescribed for one month, resulting in cure. Having used Aletris Farinosa for fifteen years past I do not hesitate to recommend Aletris Cordial as the best preparation of that agent I have seen.—L. HENDERSON, M. D., Salem, Ohio.

MORPHINE ANTIDOTE.—Experiments with dogs placed under the influence of morphia even to coma, show that the hypodermic injection of solution of theine, is an almost instantaneous antidote, neutralizing the effect of the narcotic, and reviving the animal, after the action of the heart has become imperceptible. Caffeine possesses similar properties, but is less immediate in its operation.

THE COMING GRAND ALLOPATHIC FUNERAL.—Alas, poor Yoric! I knew him well. Ye American Medical Association, the hectic ghost of the International Medical Congress Funeral. Dead March, set to the music of the Opera of Banquo's Ghost—the Code.

SANTONIN is said to be a valuable remedy, in 2-grain doses, in amenorrhœa· Others claim it is equally as efficient in menorrhagia; the same is true of ergot and caulophyllum and macrotis.

SHARPE & DOHME, manufacturing Chemists and Pharmacists, Baltimore, Md. We take pleasure in calling attention to the advertisement of this staunch and ancient house, whose length of days is as glorious and eventful as were the days of its youth. Sharp & Dohme can never be excelled. Write to them and mention this journal. They will be glad to hear from you, and will reply.

A BAD PRACTICE is to give a dose of ergot in the last stage of labor, indiscriminately. This, with many other Allopathic notions and methods, has nothing but evil in its tendencies and results. We very seldom give ergot in obstetrical practice, and, on inquiry, we find that those who use least of this drug have the less of bad cases. Ergot is a two-edged sword.

TILDEN & Co., New Labanon, N. Y. This old and popular firm continues to hold its own in popular favor. Being among the very first manufacturers of fluid extracts and concentrated remedies, it has passed through the flint mill, and appears better and better every year. They are liberal men. Write to them, and mention this journal. See advertisement.

FELLOWS' COMPOUND SYRUP OF HYPOPHOSPATES is largely used in the South in the treatment of many chronic diseases. We received a call from the gentlemanly representative of the manufacturer, who informed us that his house has five large houses in different parts of the world. Read the advertisement in this journal, and write to the New York house, mentioning this journal.

THE Eclectic Medical Association of the State of New York has made the Eclectic Medical Advocate its official organ, in which will be published its proceedings and papers. The Advocate is a sterling and wide awake Eclectic medical journal, and deserves a generous support from all liberal physicians in the Middle States.

B. KEITH & Co., New York City. The medicines this house send out are as reliable as ever. Age seems to add vigor to their business. Their concentrated remedies have an extensive sale in Georgia. See advertisement, and write to them, mentioning this journal. They are liberal men, and will appreciate your correspondence.

TAPE WORM.—Dr. H. Pinkney recommends (San Francisco Medical Literary Journal) the oil made from the pine-needle—*Pinus pumilio*—as an efficient tæniciæ. A teaspoonful is taken at night after a day's fasting, and two teaspoonfuls on the following morning, followed by castor oil. The drug, it is claimed, is not unpleasant and causes no unfavorable symptoms.

SALICYLIC ACID WITH AMMONIA.—Acetate of ammonia solution, ℥ ij; salicylic acid (from wintergreen), ʒ ij. M. Dose, in boiling water, 2 to 4 teaspoonsful repeated every hour till the temperature falls. The ammonia protects against heart depression by the salicylic acid; it also acts as a stimulant and diuretic. The combination has merit.

NOSE BLEED.—According to Dr. Perdue (Medical and Surgical Reporter) plugging the nostril with a piece of fat bacon or fat salt pork has never failed to stop the flow of blood. He cuts the piece long enough to plug the whole cavity from which the blood flows and smooths it so it may be pushed in with a twist, tying a short string to it so it may be pulled out when desired.

NAPHTHALIN is believed by Gotz to occasionally abort typhoid fever, and often ameliorates the abdominal symptoms. He gives it in 15-grain doses—a total of 1 or 2 drachms per diem. Several German authorities say the remedy is frequently of great service in the diarrhœa of this disease. They claim for it great antiseptic properties.

THE Allopaths of Alabama have received their first black eye from a woman. The knock-down is not far off, and the Allopaths fear it. The Eclectics of Alabama have cause to hang together and fight the battle squarely on the issue, and the victory will be theirs. A grand Allopathic funeral in Alabama is next in order.

A GOOD IRON TONIC.—℞. Pyrophosphate of iron; sulphate of quinine, aa ʒ i; acid phosphoric, dil., ℥ i; strychnine sulph., gr. i; syrup of ginger, ℥ iii. Mix. Sig. Teaspoonful before meals.

AGARICINE, in doses of 1/6th of a grain, to be repeated if necessary, is an efficient remedy for excessive perspiration, and there appear to be no disagreeable or undesirable effects attendant upon its use.

OXALATE OF CERIUM in chronic cough and vomiting is worthy of more attention than it is receiving. We learned, recently, of a cough that had lasted two years, and, of course, resisted all other treatment, being cured by giving the patient 15 grains of the oxalate every three hours. A very remarkable change for the better was brought about in forty-eight hours, and in four days the cough was nearly cured. The remedy was continued in 10-grain doses, every four hours, for ten days longer, and a cure has been accomplished. The cough was, no doubt, owing to some irritation of the laryngeal branch of the pneumogastric. We know of several cases of chronic cough being cured by large doses of oxalate of cerium. It also allays, to a great extent, the harrassing cough of phthisis. It has been of great service in the vomiting of cholera infantum, and of uterine engorgement of menstruation of women. In the vomiting of pregnancy, we have not known of its being of great advantage. In the vomiting of chronic gastritis we have known of its being of signal benefit. The remedy has heretofore been neglected, because the usual dose was by far too small; hence, its apparent uselessness.

THE signs of the times are, that Southern Eclectics will turn out freely and in force to attend the next National, to be held in Atlanta. Our Northern and Western brethren assure us we shall have them by hundreds and hundreds. Come! The more the merrier. We are preparing for a full-grown whale!

WHOOPING COUGH.—The best general remedy we know of in this disease, the one that gives the most general satisfation, is—℞. Chloral hydrate, ammonia bromide, aa ʒ ij; elixer licorice aromat, ℥ ss–ʒ vi; glycerin, ℥ ss; water, q. s. ad. ℥ ij. M. Teaspoonful every hour or two or less frequent.

COMMA BACILLI.—"Comma-like bacilli," says Surgeon-Major Timothy Richards Lewis, of the Army Medical School at Netley, Eng., "identical in size, form, and reaction with aniline dyes, with those found in choleraic dejecta are ordinarily present in the mouths of perfectly healthy persons."

FORMULA FOR MUCILAGE that will answer to stick on mineralogical specimens: ℞. Starch, 2 drachms; white sugar, 1 ounce; gum Arabic, 2 drachms; water, q. s. Dissolve the gum, add the sugar, and boil until the starch is cooked.

THE COLLEGE HAS A CLASS that any educational institution in our country would be proud of. The *personel* of the members of the Class attracts general attention, and draws out favorable comment. It clearly indicates that the best class of the young men of the South who turn to medicine are believers in Eclecticism, and accept our system of practice. Many of them have had opportunities of seeing for themselves the remarkable difference in the success of the Eclectic practice, and have contrasted the brilliant result with the indefinite and wretchedly emperical and purterbative methods of the Allopaths. The people, everywhere, are becoming Eclectic, and are beginning to make distinctions between Eclectic and Allopathic physicians, by manifesting a strong preference for the New School doctor to the disadvantage of the Allopaths. The Class is large, and, what is especially pleasing to the Faculty, all our students are attentive, hard-working, pains-taking young men, bent on learning, and bound to succeed. Another interesting feature of our Class worthy of note: a majority of our students have received training in literary institutions, and many of them are graduates of classical schools. The Faculty and Trustees are proud of the Class.

NEVER SAY CANCER TO A WOMAN, even when you are sure she has that mortal disease. A woman who learns from her physician that she has a cancer of her womb is sure to lose heart, give up, and lie down and die.

BOOK NOTICES.

A text-book on Medical Jurisprudence for Medical and Law Colleges. By J. Kost, M. D., LL. D., Chancellor of Florida University, and late Professor of Medicine in the Medical Department; formerly Professor of Chemistry and Geology in Adrian College, Michigan.

The work now before us, the author tells us in his preface, is the outgrowth of a long-felt necessity, in medical and law colleges, for a more condensed, and yet explicit and complete, form of what is required in a text-book in colleges. Professor Kost has brought his ripe experience as a teacher, and his special studies in this department of medicine, into requisition in preparing this book. He has kept perspicuity and brevity in sight in all the details of his work, so that the student will find the book well adapted to his wants. We cordially recommend it to the medical profession.

The People's Health Journal, a cheap and popular monthly magazine, devoted to Health, Hygiene, and Preventative Medicine. L. D. Rogers, A. M., M. D., and S. Ida Wright Rogers, M.D, editors. Published at 441 Dearborn avenue, Chicago, Ill. $1 per year. The popular mind is becoming imbued with some sort of idea of the importance of hygiene, and to supply the new want a host of sloppy publications have come upon the surface. Now and then something turns up that has merit and deserves public patronage, but, alas! fails for the want of support, while the worst lives on. The People's Health Journal is one of the few popular health journals that richly deserves popular support, and we recommend our readers to send for a specimen copy. After reading it, it is clear to us that few will fail to become patrons.

Babyhood; a magazine for Mothers; devoted exclusively to the care of Infants and Young Children. Leroy M. Yale, M.D., medical editor; Marion Harland, editor of general nursery topics. Babyhood Publishing Company, 18 Spruce street, New York. $1.50 per year; 15 cents per number. "Babyhood" is one of the best things on the management and raising of children that has ever appeared in popular form. Physicians as well as the laiety may read its pages with as much profit as is to be obtained from the more pretentious medical literature. We most heartily commend it to mothers, and doctors also. Send for a specimen copy; we believe you will be well pleased with it, and become patrons.

Darwin's "Descent of Man," the greatest work of that great man's life, is being published in four numbers by J. Fitzgerald, 393 Pearl street, New York, publisher of the Humboldt Library. Price per number, 15 cents. We think Appleton's price is $5 for the book. We have received part first; good type and paper; dog cheap. Order a copy through your book or news agent, or inclose 15 cents to the publisher. Cheap good books are a blessing to the toiling millions.

Second Report of the State Board of Health of the State of Tennessee, October, 1880, to December, 1884. Cloth; 8vo. 600 printed pages. A. B. Tavel, State Printer. 1883. There are many well written papers on sanitary topics, by various members of the board. We think well of the report, which shows that the members of the board are enlightened sanitarians, and do their work well. We return thanks to the urbane secretary.

LLOYD & BROTHERS are the successors of Thorp & Lloyd Bros. We take pleasure in calling attention to the advertisement of the new firm. The preparations of the old firm have won a wide renown for themselves, and the new firm—who were the soul and strength of the old one—will maintain the high standard of the old, and, if such a thing is possible, excel it. Read their advertisement.

Electricity as a Remedial Agent. By George C. Pitzer, M.D., Professor of Practice in the American Medical College, St. Louis, Mo. This is a pamphlet purporting to give some practical directions for the successful use of electricity and galvanism in the treatment of diseases.

How to use Lislerine; a formula book; in which are given an illustration and description of instruments, and a large number of valuable formulæ. We return Messrs. Lambert & Co. our thanks. See advertisement.

REMEMBER, John C. Baker & Co.'s Cod-liver Oil is the best, because it is absolutely pure, is as sweet as a nut, and of easy assimilation. Use more cod-liver oil in your treatment of chronic and wasting diseases.

PHYSICIAN'S VISITING LIST, 1866.—(Lindsay & Blakiston's.) Now ready. Thirty fiifth year of its publication. Containing Calendar, List of Poisons and Antidotes, Dose Tables rewritten and revised; Hall's Ready Method in Asphyxia, List of New Remedies, Sylvester's Method for producing Artificial Respiration, with illustrations; A New Table for Calculating the Period of Utero-Gestation; Diagram.

A superior pencil, with nickel tip, manufactured especially for this List, accompanies each copy.

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ORIGINAL COMMUNICATIONS.

THE VARIOUS FORMS OF ASTHMA.

BY I. J. M. GOSS, A.M., M.D., MARIETTA, GA.

One of the first things to consider in the treatment of asthma, is to differentiate the individuality of our case, and thereby enable ourselves to refer it to its class. If, however, the patient is suffering with extreme dyspnœa we may let him or her inhale 5 gtts. of amyl nitrite every ten or fifteen minutes until relieved, and then by a very thorough examination, together with the history of the case, determine the pathological condition upon which the disease depends. If the attack was preceded by catarrh, and it in the summer or fall, attended with profuse mucous discharge from the nares and bronchial tubes, with sneezing, and lachrymalation, then we have a case of hay-asthma (as it is called) to contend with. Here cocaine may be used in the form of a spray to the mucous membrane of the nares and bronchæ, alternated with the vapor of other good antimicrobic remedies, as iodine, veratrum sabadilla, and chloroform, to give relief until other proper curative remedies have time to exert their specific antispasmodic effect.

The pollen of certain weeds, and the dust or mould germs in our basements and damp cellars often provoke this catarrhal form of asthma. The effect is produced by a certain specific irritating effect exerted upon the peripheral extremities of nerves, which reflect back upon the motor centres to be returned in spasmodic contraction of the bronchial tubes.

The sweeping of a floor, or the dusting of a carpet will often provoke an attack. Then, we meet with cases of asthma from chronic bronchitis, where iodide of potassium is the remedy par excellence. And the nascent chloride of ammonium does good

service in this form. Some cases depend on feeble digestion, in which cases nux vomica will be indicated; 5 gtts. of the tinct. three times a day. Then, in females, some abnormal conditions of the uterus, or its functional action, may cause asthma by reflex action upon the nerve centres.

These morbid impressions return in paroxysms until the confirmed habit of rucurring is established, and then they return after the cause has ceased to operate; hence the confirmed cases of asthma.

I have treated several cases of asthma connected with emphysema. In these cases we can only give relief to the paraoxysms by purging with the Glauber salts, and letting the patient inhale the smoke of saltpeter paper, or inhaling the nitrite of amyl or chloroform, and taking 5 to 10 gtts. of gelsemium and 1 ʒ of tincture viburnum prunifolium three times a day. The sulphate of soda (Glauber's salts) given in doses of 1 ʒ every two hours, until it acts as a cathartic, often gives relief to asthma of any form, accompanied with dryness of the mucous membrane of the broncha. In these cases I have found the tincture of sanguinaria a valuable remedy, given in doses of 5 to 8 gtts. of the tincture every one or two hours. If the heart beats feebly, then 8 to 10 gtts. of digitalis should be given every two hours until this condition is relieved. And if this fail, glomonie, in small doses, 1-100 of a drop, or 1 to 2 gtts. of the first centesimal solution in alcohol should be give. And this dose may be too large for some patients.

There are very many cases of asthma that are caused by diseases of the heart, and can only be cured by the relief of the heart affection, let that be what it may.

As regards the purely nervous cases of asthma, I have found them about as curable as other chronic nervous diseases, if the treatment is continued for eight or twelve, or more months, and not under eight months. I usually commence the treatment with 1 part each of the following antispasmodics and expectorants, viz: grindelia robusta, silphium laciniatum, eroidyction glulinosum, sumbul radix, and ænothera biennis, as mild antispasmodic, and if an expectorant is indicated, I use 5 or 6 gtts. of the tincture of sanguinaria. If this does not arrest the paroxysms in ten or fifteen days, then I give 15 gtts. of gelsemium and 10 gtts. of the tincture of datura tatula at night in addition to the above remedies, which first, I give three times a day, to keep up the impression through the day. I have seen the external frictions of the comp. tinct. of iodine, or the ointment of

iodine and the iodide of potassium to the trachea do good, and doubtless aid in the final cure.

This may be applied twice a day until the skin becomes tender, then once a day as long as the patient can tolerate it without great irritation of the cuticle. The above treatment often cures asthma.

DIPHTHERIA—POINTS TOUCHING ITS DIAGNOSIS AND TREATMENT.*

BY W. C. BEAM, M.D., JOHNSTOWN, PA.

So much has been written upon this subject that I consider it unnecessary for me to enter into its etiology or pathology. I merely desire to submit for your consideration a few points touching upon its diagnosis and treatment, gained from an experience of twelve years, which, to say the least, has been attended with as good success as that of the average physician. First, I do not consider diphtheria a local disease primarily, as I have frequently observed the constitutional disturbance so great as to produce death on the sixth day from asthenia, the local symptoms being very mild. True, I have seen the invasion of the trachea to an extent destroying the patient by suffocation on the tenth day, when the general strength was such as to justify the hope of recovery. Considering the languor and listlessness of the patient, the torpor of the excretory organs, which precede the local manifestations of diphtheria, we cannot but believe that it is a constitutional affection, and any treatment directed merely to a local trouble will in a short time bring the physician to grief.

The books usually claim that the diagnosis of diphtheria is an easy task, its principal characteristics being plainly evidenced by an inspection of the throat. I have long since discovered this to be an error, and one which has no doubt caused many a death by leading the physician to err in his diagnosis. I have often observed patients, both of my own and in counsel with other physicians, suffering from diphtheria of a violent type, some few of a fatal character, where the so-called characteristic exudation in the throat was scarcely visible. In what manner, then, do I diagnose my cases? Principally with my nose. I depend more upon my sense of smell in these cases than anything else. Frequent repetition of practical demonstration has so educated my olfactory nerves that when called to see a case

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*Read before the Central Medical Association of Pennsylvania, Nov. 18, 1885.

of diphtheria, I usually determine immediately upon entering the room whether or not the case is of that nature, and I cannot recall the instance in which I was mistaken in the diagnosis. Where diphtheria is present in a room, there always exists a peculiar indescribably foul odor that resembles nothing else. Attacks may be sudden and violent, or they may advance slowly, but the peculiar odor is there just the same.

The treatment must be active from the beginning, and remedies should be employed in such manner as to make a decided impression upon the nerve centres. Alteratives and antiseptics should be administered and, just here is the time that our powers of discrimination should be exercised for the purpose of determining what particular remedies are indicated. The first thing that demands attention is the establishment of free secretion and excretion. For this purpose I find podophyllin or the compound podophyllin granules answer admirably. In addition to this, or rather afterwards, the sedatives indicated should be prescribed. A very important point, and one not to be overlooked, is good nourishment and free stimulation, for the purpose of sustaining the vital forces while the specific poison is being eradicated from the system. Locally, I apply boro-glycerine, and sometimes, especially when the patient is of a scrofulous diathesis, tincture of iodine answers a good purpose. To temporarily remove the characteristic odor, I prescribe ominico† as a gargle. Formerly I employed chlorate of potassium for this purpose, but since the introduction of this new and valuable antiseptic I use it almost exclusively. In mopping or swabbing the throat, great care should be exercised, and the antiseptic applied as gently as possible. Harsh means and gouging the membranes not only produce unnecessary pain, but aggravates the constitutional disturbance.

RETENTION OF URINE IN MEN YOUNG

Frequently comes on in consequence of irritation and the swelling of the prostate portion of the bladder and the adjoining urethra, all of which are accompanied with more or less edema of the mucous and submucous tissues; the capillaries and veins are turgid, and tortuous, almost varicose; at the same time there is a

† FORMULA—Boraric acid, chlorate of potassium, chloride of sodium, thymol, menthol, gaultheria and caryophyllus.

OMINICO is an anti-inflamatory astringent having a secondary sedative action, possesses active properties as a disinfectant, and as an alterative to inflamed cutaneous and mucous surfaces, is recommended for many of those diseased conditions of the mouth, throat, and nasal passages, having great efficacy in catarrh, diphtheria, hay-fever, cold in head, and chronic skin diseases, or as a local treatment of ulcers, wounds, abscesses, and for external use in surgery, obstetrics and gynecology.

high state of nervous sensibility of the mucous membrane of the protatic urethra, of the prostate, and the neck of the bladder. When the retention is sudden, the cause is, no doubt, congestion, with edema of the mucous membrane, and, in some of the cases, follow a gleet or old gonorrhœa, in which there is an ulcerated surface of the urethra near the prostatic urethra.

Last month we saw a case of this kind in a man, thirty years old, who was suffering acute retention; he then had a gleet of some months' standing. Introduction of the index finger into the rectum found a swollen state of the prostate, and the parts around the neck of the bladder were so tender and painful that the man nearly went into spasms while the examination was progressing. The retention was not attempted to be relieved with a catheter, because we knew from the idea we had of the pathology of the case, what the dangers were in attempting to force a catheter into the bladder, so we ordered a small injection to be thrown up the rectum: ℞. Tr. opii, ʒss; fl. ext. belladonna, *m* xx; brom. potas., ʒss; glycerine, ʒij; mucilage, g. a. ʒvi. M. After this was thrown up the rectum he felt some relief, but could not pass urine. In half an hour we gave him 20 drops of Biggers' Tinct. of Gelsemium, and repeatod it in an hour. As soon as the effects of the drug were manifested a relaxation of the congested tissues was effected to some extent, and so much so that in another hour he passed a few ounces of highly acid urine. We then gave him: ℞. Rochelle salts, ʒij; potassa bi carb., ʒ ss; flaxseed mucilage, ℥vi. M. To be taken at once, and repeated in two hours. Ordered an infusion of smart weed (polygonum punct.) to be drank freely; gelsemium in 2-drop doses kept up every hour. Rectal injection was well retained for several hours; pain much relieved, and in five or six hours after treatment was commenced he passed his urine freely; the acidity of the urine was much lessened, which was a help toward voiding. After this we put him on: ℞. Rhus aromatica; corn silk, f. e., aa ʒ ss; to be taken in smart weed tea every two hours. After five days he was entirely relieved.

There is no discount on this plan of quieting the high nervous hyperæsthesia of the neck of the bladder and prostatic urethra at once; and we find the combination of opium, belladonna and bromide of potash a first-rate local sedative, administered by the rectum. Then, as we have so often stated in the JOURNAL, there is nothing that will quiet visical irritation, especially about the neck and the prostate, as full doses of gelsemium—making the acid urine alkaline by administering potash and its compounds with the vegitable acids, is next in order. These cases are never

to be attacked with the catheter, except as a last resort, before the swollen edematious tissues and the high nervous excitement is reduced. The old Eclectics had flattering success in treating these cases by the use of lobelia injections, and hot fermentations over the lower part of the abdomen and the loins, and the copious administration of smart weed tea. The polygonum punctatum is a very good sedative for the mucous membrane of the bladder and prostate; yes, of the kidneys also.

Remember, when the mucous membrane of the vesical neck and the prostate and its stem are swollen and edematous, a retention of urine must come on simply from damming the outlet. Then comes on vesical irritation and spasm; soon the vessels of the neck and the prostate grow turgid and varicose. In this state of the case a catheter is more likely to do great harm, if it is used with force enough to push it through the obstruction. We have found it best to always attempt, first, to relieve the congestion of the vessels of the part, quiet irritation as quick as possible, give gelsemium, and alkalies—all of which pave the way for the successful use of the catheter a few hours later. In some cases, an attempt to use the catheter causes severe orchitis; the testicles become swollen, inflamed, and very atrociously painful. In these cases we have found two good remedies: Tinct. of polymnia uvedalja, in ʒss doses, repeated every two hours; the other is tincture of pulsatilla, in 5-drop doses, every two hours. These remedies also act finely on the swollen and congested vesical neck and prostate.

"Do not hide your light under a bushel measure," "but let it shine" for the benefit of Humanity.

VALUABLE FORMULÆ.

BY M. F. DUMAS, M. D.

PROFESSOR ADOLPHUS, M. D.:

You will find the following formulas worth trying. I have gained considerable reputation by them, and wish my brothers to try them when cases present indicating their use:

For Anorexia, Fermentative and Atonic Dyspepsia.—The following will give the answer every time, with proper diatetic restrictions: ℞. Colorless hydrastis (Lloyd's Hydrastis), fl. ʒ iss; spc. tr. nux v., gtts. xx; spc. tr. podophyllum pel., gtts. 60; pepsin (Carl L. Jensen's), grs. 90; tartaric acid, grs. v; simple

elixir real sherry wine, q. s. to ad. fl. ℥ iv. M. S. A teaspoonful one hour after each meal.

Now, if you have any old chronic cases of intermittents, which have been drugged with mercury, comp. cathartic pills, quinine, iron, etc., and still "chilling," put them on the following *Malarial Antidote:* ℞. Lloyd's Hydrastis, fl. ℥ ss; Fowler's Sol. fl. ℥ ss; Lloyd's Elixir Calasaya, q. s. to ad. fl. ℥ iv. M. S. A teaspoonful every two or three hours.

For Chronic Cystitis.—Try the following, and cure your case in a very short time, and at the same time astonish the Allopaths: ℞. Lloyd's Hydrastis, ℥ i; spc. polygonum punctatum, ℥ ij; tepid water, Oj. M. S. Inject a sufficient quantity into the bladder, three times a day, and give the following: ℞. Spc. polygonum punct., ℥ ss; spc. stigmatus maidis, ℥ ij; simple elixir, ℥ iss. M. S. A teaspoonful, four times a day, three hours apart.

If you have a chronic case of *Vaginal Leucorrhœa*, which seems stubborn, use the following: ℞. Lloyd's Hydrastis, ℥ j; spc. hamamelis (distill.), ℥ ij; spc. eucalyptus glob., ℥ ss; spc. acidum carbolic (glycacle) ℥ ss; tepid water, ℥ iv. M. S. Inject a portion three times a day.

For Uterine Leucorrhœa use the mixture without the water, by injecting into the uterine canal with Battle's syringe, say 30 drops at a time; or apply with a cotton tampon saturated with the mixture; and at the same time give the following: ℞. Spc. senecio, ʒ j; spc. aletris, ʒ ss; spc. Macrotys rac., ʒ j; spc. tiger lily, ʒ ij; spc. pulsatilla, gtts. xx; simple elixir, q. s. to ad. ℥ iv. M. S. A teaspoonful, four times a day, three hours apart.

For Severe Cases of Catarrhal and Malarial Ophthalmia: ℞. Lloyd's Hydrastis, ʒ i; spc. distillat. hamamelis, ʒ ij; aqua rosa, ℥ ss. M. S. Drop into the eyes, every hour; and give appropriate internal treatment.

For Severe Fresh Burns: ℞. Lloyd's Hydrastis, ℥i; glycerole carbolic acid, ℥ i; distillate hamamelis, ℥ ij; balsam copaiba, ℥ iv; white of two eggs. M. Beat as for egg-nog. Apply on linen cloths.

The same is splendid for old burns—running.

For Recent Burns, Scalds, etc.—This excels any application yet. It relieves pain almost instantly, and the burned parts heal readily. By adding spts. turpentine, gtts. xx, will not hurt.

WHAT WILL CURE RHEUMATISM?

BY J. P. BILLS, M. D., HYDE PARK, MASS.

How many times in the course of a year do you hear this question asked? Perhaps more medical literature has been skimmed over (I don't mean read) by the "busy practitioner," (synonomous "lazy doctor," so says a prominent medical savant) relating to this disease than upon almost any other, hoping to find some remedy or combination of agents that will cure every case of rheumatism that chances to fall into his hands. If this condition of things medical could be found, how much more comfortable and desirable would be the doctor's life! However much we might like it, we never expect it to come to pass this end of the "golden stairs."

We have learned and valuable essays, bristling with scientific and ingenious theories as to the cause, and names are not wanting for the morbid material in the blood that is said to prolong the distress. There is no end of remedies you may use, all of which have the reputation of having been successful in other hands but your own. You are discouraged, and ask the question, What do we know about rheumatism anyhow?

Not much, if we consider the disease an entity; but we do know—or, at least, think we do—something about the pathological indications that accompany the malady; and we believe the only proper way to get at a cure is to meet the morbid conditions as presented by tongue, temperature, pulse, circulation, etc., using remedies for their direct action—leaving anti-rheumatics and rheumatism out of the question altogether. Have you ever heard podoplyllin called an anti-rheumatic? Well, it will cure some cases of rheumatism, just the same, if you have not. What kind of cases? Here is one, for example: Given a broad, thick, expressionless tongue, with accumulations at the base, prominent veins, standing out, seemingly over-distended, having a knotted appearance. You have seen such cases, and they are the sort that podoplyllin will cure. Small doses, of course—say one-tenth of a grain—at intervals of three hours. Some may object to the smallness of the dose, or offer as an objection that the same medicine or the samo dose may have a different or no effect at all in regions remote from the writer.

How much there may be in the argument we are unable to say. We venture the assertion that failure in the use of medicines, for their direct effect, is due to two causes, namely: Poor remedies, sometimes; oftener, perhaps, to the inability of the physician to reason in "straight lines."

THE CENTRAL ASSOCIATION OF PENNSYLVANIA.

The eighteenth semi-annual meeting of this Association convened in Alma Hall, Johnstown, Pa., on Wednesday morning, November 18, 1885, President G. E. Potter, M. D., in the chair. The attendance, which by the way is characteristic of the "Central," was large, nearly every member answering at roll call. Eclectics of Central and Western Pennsylvania manifest the true spirit of progression, their watchword being "onward and upward." The papers presented at its meetings are, as a rule, scientific productions, embodying the results of the writer's experience; hence, an interchange of such views cannot but be of deep interest to the members. Again, the papers are fully discussed, and in this manner the ideas of every member brought forth, covering a vast field of experience.

After the usual preliminaries, roll call, reading minutes of last meeting, etc., Dr. H. B. Piper, of Tyrone, presented a lengthy communication from Dr. W. H. Blake, of Philadelphia, Secretary of the Eastern Eclectic Medical Society of Pennsylvania, concerning the establishment of an Eclectic medical college in Pennsylvania. Also one from Dr. J. R. Borland, of Franklin, Recording Secretary of the Eclectic Medical Society of Northwestern Pennsylvania, on the same subject. This question has been brought before all the other societies of the State, and the communications were presented for the purpose of ascertaining the views of the Central. A lengthy discussion, *pro* and *con*, ensued, when finally, on motion of Dr. Stouffer, a committee of three was appointed to draft preamble and resolutions relating to the matter. The President appointed Dr. P. J. Stouffer, of Connellsville, Dr. J. M. Bunn, of New Washington, and Dr. C. M. Ewing, of Tyrone, as such committee, with instructions to report at the afternoon session.

On motion of Dr. Ewing, a committee of three was appointed to prepare preamble and resolutions expressing the sentiments of this Association concerning individual domination in the N. E. M. A., and the attitude of certain persons toward members of State and auxiliary associations of Pennsylvania. Dr. B. L. Yeagley moved to amend by vesting in the committee just appointed the power and authority of such committee. Carried.

After transacting a large amount of routine business, the meetmeeting adjourned, to convene at 2 o'clock, p. m.

AFTERNOON SESSION.

Promptly at 2 o'clock the gavel sounded and the meeting came to order. Dr. J. P. Stouffer, chairman of the committee appointed for the purpose, submitted the following report:

WHEREAS, The subject of the establishment of an Eclectic Medical College within the borders of this Commonwealth is brought to the notice of this Association by the action of the Eclectic Medical Association of the State of Pennsylvania; and,

WHEREAS, The establishment of such a college seems to have become a necessity to the protection and perpetuity of Eclectic Medicine in this State; Therefore,

Resolved, That this Association heartily endorse any efforts that may be made looking to the establishment of a reputable Eclectic College, whereby our students may be placed upon an equality with students of other medical schools within this Commonwealth.

P. J. STOUFFER, M.D.,
J. M. BUNN, M.D.,
C. M. EWING, *Committee.*

The report was unanimously adopted.

At this juncture Secretary Henry F. Beam was requested to report an ovariotomy recently performed by him. The operation being done but ten days prior to this meeting, he had prepared no report of it; hence, detailed verbally the particulars of the case, the *modus operandi* of procedure, etc. The patient is recovering nicely, and if nothing intervenes to prevent, the sutures will be removed in a few days.

The committee appointed to prepare preamble and resolutions expressive of the sentiments of this Association concerning individual domination in the National Eclectic Medical Association, etc., now came in and submitted the following report:

WHEREAS, It is with feelings of solicitude, not unmingled with sorrow, that we observe the growing disposition on the part of some of the members to convert the National Eclectic Medical Association into an arena for the exhibition of personal pique; to impugn the motives and actions of committees and members thereof, both when in and out of session; the scurrilous invectives of certain anonymous correspondents in a certain medical journal for the evident purpose of injuring the good name and professional status of certain members of the National Association, some of whom are worthy members of our State and District Associations; to granting immunity to individual domination; to depriving accused members of the right to be heard in their own defense, or censuring others for doing so. Therefore,

Resolved, That we respectfully ask the National Eclectic Association to take steps to prevent the abuses named, pertaining to it, and that unless this is done, no member can consider himself safe from the malicious attacks of some jealous and envious members.

Resolved, That all college and personal grievances pertaining to the National should be settled in committees, that its meetings may not be vexed by their consideration.

Resolved, That none of our medical journals should countenance the publication in their pages of anonymous communications of a personal character, especially when of a scurrilous or opprobious nature, as they tend to produce heartburnings and alienations.

Resolved, That the good name of our fellow members in our District, State and National Associations should be maintained by each member thereof as a sacred and mutual trust, in and out of our societies, and among the people.

Resolved, That no member of any of our associations should be deprived of his rights therein until he has by his own acts of omission and commission forfeited them—that his honor and professional reputation should be as safe in the house of his friends at least, as in the camp of his enemies.

Resolved, That our delegates be instructed to present these resolutions to our next State meeting, and thence to the National, in order that the abuses named may be corrected and the rights of Eclectic physicians protected, and the good name of American Eclecticism maintained and perpetuated.

P. J. STOUFFER, M.D.,
J. M. BUNN, M.D.,
C. M. EWING, M.D., *Committee.*

On motion, the report was unanimously adopted.

Dr. H. B. Piper reported on the "Therapeutical uses of Calendula Off.," placing special stress on its uses as a local anti septic. Dr. L. T. Beam, read a paper on "Diagnostic and Clinical Notes on the Tongue;" Dr. William Bauch, "Bacteria;" Dr. J. M. Bunn, "Therapeutic Notes;" Dr. W. C. Beam, "Treatment of Diphtheria."

Recess till 8 o'clock.

EVENING SESSION.

Dr. A. Yeagley presented a paper on "Epidemic Cholera;" Dr. C. M. Ewing made a report on "Gynæcology;" Dr. Henry Beam, "Municipal Medical Officers;" also, "A Successful Laparotomy," in which a calculus as large as an English walnut was

removed from the bowels of a lady by a surgical operation. A number of clinical cases were reported and discussed by Drs. A. Yeagley, P. J. Stouffer, George Conrad, J. M. Bunn, L. T. Beam, B. L. Yeagley, H. B. Piper, Geo. E Potter and C. M. Ewing.

The evening discussion closed with the consideration of a paper read, just before adjournment of the afternoon session, by Dr. W. C. Beam, upon "Treatment of Diphtheria," which was animated, prolonged, and the free interchange of opinions general. The season seemed ripe for practical suggestions, and the members of the Society will be greatly profited by the results of this meeting.

The following officers were placed in nomination to be voted upon at the next annual meeting: President, P. J. Stouffer, M. D., Connellsville; Vice President, W. C. Beam, M.D., Johnstown; Corresponding Secretary, William Rauch, M.D., Somerset; Recording Secretary, Henry Beam, M. D., Johnstown; Treasurer, B. L. Yeagley, M. D., Johnstown.

The meeting adjourned at midnight, "with malice toward none and charity for all."

GEORGE E. POTTER, M.D., President.

HENRY F. BEAM, M.D., Secretary.

ABSTRACTS.

ANTIPYRIN.—Its physiological properties, considered in relation with its other therapeutic properties, is clearly discussed in a paper we find in the Weekly Medical Review, abstracted from The Practitioner (London), contributed by J. E Blomfield, M. R. C. S. of England. The investigations of M. Bouchard, MM. Henscque, Arduis and Huchard, from whose researches it would appear that the toxic dose administered to a mammal produces a great fall of temperature, as much as 6.2° C.; the respiratory movements are at first quickened, and then become much slower; the heart beats decrease in number with the fall of temperature, and after death the heart is found arrested in diastole. Toxic and clonic convulsions are produced, and a peculiar state of rigidity of the muscles, which allows a limb to retain any position in which it is placed, reminding the observers of the cataleptic condition. In an interesting experiment by Professor Bouchard it was shown that this action was due to the nervous system, and not the section of the drug on the muscles directly,

for it was found that if a limb was cut off from the central nervous influence, by action of its nerves, it manifested none of this stiffness, which was found, however, in all the other parts of the body. No action similar to that of kairin on the blood corpuscles, and hemoglobin, has been recorded, though experiments have been made with this object in view, but it has been found to produce a diminution in the excretion of urea.

Dr. Queirolo has found that it produces a dilation of the blood vessels of the skin before the diminution of temperature commences; but we are reminded, though tempting as it may be to attribute the lowering of temperature to dilation of the cutaneous blood vessels and the succeeding profuse sweating following its administration, a fall of temperature is not always preceded by sweating, nor does this occur when small doses of antipyrin are given. On a healthy man non-toxic doses of antipyrin does not appear to lower the temperature, and it has been asserted to have the opposite effect.

A peculiar hemostatic action of antipyrin was found by MM. Arduin and Henscque, that is, that the blood flowed with difficulty from the vessels of an animal under the influence of the remedy. Comparative experiments in this direction, with ergot and perchloride of iron, as to the time in which each would arrest an artificial hemorrage, the balance was in favor of antipyrin.

The clinical and therapeutic action of the drug, and the mode of its administration, were carefully investigated. Small doses, of 8 to 15 grains, frequently repeated, were found better suited, and more safe, than one large dose; and there is little doubt that the former plan is the best way to administer it, and less liable to produce the few disagreeable symptoms that have been recorded against the drug. However, in acute pyrexia, when the temperature is rising steadily, and rapidly, toward a high and dangerous point, as is sometimes the case in acute articular rheumatism, scarlatina, and some cases of very acute croupous pneumonia, small-pox, etc., then one large and positive dose. On the other hand, it is more prudent, in cases that pursue an ordinary course, as in typhoid fever, phthisis, and other febrile diseases, it is well to administer it only in small doses, sufficient to produce a slight fall of the temperature, and at such a time as we know the fever is on the ascent. The ordinary dose is from 8 to 20 grains.

The disagreeable consequences of large doses, of 20 to 40 grains, is a roseolous rash, which soon disappears, sometimes vomiting, and often profuse sweating, after the large doses, and

are exhausting. It is, therefore, evident that some degree of prudence and caution are essential in handling the remedy, though it is freer from the serious faults found with nearly all other antipyretics. The drug can be found in the sweat two hours after its administration.

The remedy has been found of value in all febrile diseases. Those by sharp temperature curves, and not relieved by any extent of remission or abatement of the heat, the drug has done well insofar as we can learn.

The drug has been very largely employed in typhoid fever, and the result arrived at may be stated to be a constant fall of temperature of a degree or more, varying with the dose. As a fact, it is found to exercise no influence on the cause of the malady, but is useful in combatting the symptoms of fever. Administered in the afternoon, when the temperature curve is commencing its ascent, we may confidently expect that a fall of temperature will be produced, which, however, is not of long duration—lasting about six hours—unless more antipyrin is administered.

In some observations made by Dr. McKew, at the Hertford British Hospital, in Paris, it was noted that vomiting occurred several times during the administration of the drug, but which was not necessarily due to it, and a rash, as above described, with the first dose (which was large, 30 grains), but a tolerance appeared to be established, as the rash was not subsequently produced. Dr. McKew further found that atropin, or oxide of zinc, would control the sweating if given before the antipyrin. The conclusion arrived at was, that it was of undoubted value in the treatment of this disease.

In tuberculosis and pulmonary phthisis it has been largely employed, and observers speak very highly of its action when given in small doses, such as 3 or 4 grains, for several days consecutively; for, not only does it lower the temperature, but, at the same time, "the patient experiences a sensation of *bein etre* quite remarkable; the dyspnea is calmed, the sleeplessness disappears," so much so that M. Huchard speaks of it as the specific, not of tuberculosis, but of tuberculous fever. In these small doses it does not produce the sweat which would be, in phthisis, a very undesirable result.

ON A FORM OF ALCOHOLIC SPINAL PARALYSIS.—Several cases of a remarkable form of spinal paralysis have come under my notice at different times, but with the exception of the first, which occurred in St. Mary's Hospital, when I was a resident

medical officer there, the patients have been seen in consultation once only, and no *post-mortem* examination has been obtained, so that it has been impossible to give anything like a complete and connected account of the disease.

(This, however, the writer is now able to do through the zealous co-operation of Dr. Harrison, of Shepard's Bush, and one post-mortem has been obtained. After relating this case fully, and four others with less detail, Dr. Broadbent observes:

There is first gradually increasing weakness of the lower extremities which may be noted for some time, when marked loss of power becomes manifest in the extensor muscles of the forearm giving rise to double drop-wrist. It cannot be said that when this is first apparent there is no distinct paralysis elsewhere; the lower extremities and the back are weak, but the drop-wrist may be complete, and the flexors of the hand may also be paralyzed so that the hand is like a flail, while the movements of the elbow and shoulder are good and fairly vigorous, and the patient can support himself on his feet. As the paralysis advances all the muscles of both the upper and lower extremities are affected, and the limbs can only just be moved, the arms being, as a rule, more seriously complicated than the legs; the muscles of the trunk also are paralyzed so that the patient can not raise himself or turn in bed. The sphincters retain their functional power, and sensation is not affected. There is no pain from first to last, though the muscles may be tender on handling. An exception to these statements, however, is furnished by the case last seen. No convulsions or jacitation occurs.

Death is caused eventually by paralysis of the respiratory muscles, and the diaphragm is the first of these to be affected. Instead of descending during inspiration it remains flaccid and is forced upward by the atmospheric pressure on the abdomen; in expiration the reverse of this takes place, so that the chest and abdomen no longer act together in respiration, so that the see-saw action of the chest and abdomen is very conspicious, and at first there is actual expansion of the lower segment of the chest. Later the muscles of the chest become affected, apparently from below upward, when, of course, death ensues from apnœa.

A striking feature of this form of paralysis is the loss of the capillaries. The capillaries yield and permit themselves to be distented. It is the degree of capillary paralysis which is remarkable, and the early period at which it is observed; almost all paralyzed limbs swell when allowed to remain long in a de-

pendent position, but in no other form of paralysis is the stagnation of blood so complete and immediate or the swelling so rapid, and it is to be noted that this is observed when the loss of power is not very considerable.

There can be no question as to the seat of the disease giving rise to the symptoms described; this is obviously the spinal cord. As to its nature no discussion is required to exclude myelits, diffuse or localized. Very brief consideration is again sufficient to show that the affection is not so-called acute anterior poliomeylitis occurring in adults; the regressive paralysis of Dr. Barlow, which is never fatal by paralysis of the respiratory muscles; it is strikingly progressive instead of being regressive. The disease which it most resembles is acute ascending paralysis, and it is probable that the condition of the cord is essentially similar, no lesions being discoverable by any mode of preparation at present known. The features common to the two are the progressive advance of death by paralysis till death is brought about by paralysis of the respiratory muscles; the absence of fever or pain, or spasm; the fact that sensation is not affected, and that the sphincters retain their functional activity. The principal difference is the order in which the muscles are invaded.

In acute ascending paralysis the legs are first affected and the loss of power gradually extends from below upward; this becomes particularly noticeable when the chest is reached; the intestals are first attacked and respiration is carried on by the diaphragm after the thorax has become motionless. The only case of acute ascending paralysis which I have seen presented a very different clinical picture when the stage of dyspnœa was reached to that observed in these. The patient could not lie down, but but insisted on being supported in the sitting posture with the arms well raised by attendants so as to draw up the chest, while the head, which the neck was no longer able to support, had to be steadied and prevented from falling forward or to one side; another difference is that acute ascending paralysis is more common in men than women. The cases collected by Eab are twelve men and four women, while alcoholic spinal paralysis is more frequently seen in women. I find no note by observers of loss of tone in the capillaries in acute ascending paralysis, and I did not remark it in the case I first saw.

Admitting the similarity between the condition under consideration and ascending paralysis, I think the difference sufficiently marked and constant to warrant a distinction by means of a name. This name I should take from the etiology. In all the

cases which have come under my observation, there has been excessive indulgence in alcohol, and I have no hesitation in assigning this as the cause of the disease, the alcohol exerting an influence on the grey matter of the spinal cord probably similar to that which in the brain gives rise to delirium tremens.

A point worthy of note is that in all the cases except that which forms the subject of this paper, and that seen since it was written the patient were women. It is not probable, however, that sex is the factor which determines the direction taken by the injurious effects of alcohol. The affection of the spinal cord does not apparently occur among the women who are admitted into hospitals, or it would have been frequently observed and described; that is, it does not occur in women who have to work for their living, or who have laborious domestic duties. It would appear that unrestricted access to stimulants throughout the entire day, and an indoor inactive mode of life, were the causes which together invited the disease; these were just the conditions common to the five women and two men who had come under my observation.—*Medical-Chirurgical Transactions*, 1884, *p.* 133.

COCAINE IN VOMITING OF PREGNANCY.—Dr. Holtz (Algem. Med. Wochenschr.) says that in a case where, everything having failed, he had determined to produce abortion, but at the last moment thought of cocaine. He gave the patient 10 drops of a 3 per cent. solution, and had the satisfaction of finding vomiting under control.

CHLOROFORM WATER AS AN HÆMOSTATIC.—(Mississippi Valley Medical Monthly) It is claimed that two parts of chloroform to one hundred parts of water is an excellent hæmostatic. In operations about the mouth and throat chloroform water instantly checks the hemorrhage by closing the open mouths of the bleeding vessels. It is also useful as a spray after excision of the tonsils.

FINELY PULVERIZED SLIPPERY ELM BARK (*Ulmus Americana*) added to cow's milk, raw or boiled, will prevent its curdling into clots in the stomach. This fact we learned many years ago from an old Botanic physician, and have repeatedly proven the value of the information. A teaspoonful of powdered elm bark will serve for a pint of milk; but it is not best to mix so much at once.

COCAINE AS AN ANÆSTHETIC in the operation of fistula in ano is highly praised by Dr. W. W. Murray in the Southern Clinic. The following from the article explains the procedure and results: "There was only one sinus, but two external openings. I injected a portion of 5-per cent. solution into the rectum, and with my hypodermic syringe introduced some of the solution into the tissues of the perineum. In a few minutes I was able to inser my finger, by a firm boring motion, at least a quarter of an inch into one of the external apertures of the sinus, and scratch the structures inside with my finger nail without causing the patient any pain, whereas, before the insertion of cocaine, even the slightt est touch of the perineum around the opening of the sinus could not be borne. Assisted by my friend Dr. A. W. Eley, I then proceeded to operate in the usual way, the details of which are too well known to require mentioning. The point I wish to make is this: The pain caused by the knife was comparatively slight, and what pain was experienced was in the deeper structures with which the cocaine had not come in contact, and I think that in another case I could use the cocaine in such a way that no pain at all would be felt. I have frequently inflicted more pain in opening an ordinary feruncle, and this experience with cocaine has satisfied my mind that there is no more necessity to administer chloroform in operating for fistula than there is in lancing a common abscess."

ICE FOR CONGESTIVE CHILLS.—Dr. L. B. Anderson (in the Therapeutic Gazette) states that during forty years he has pursued the method of treatment for congestive chills which was first introduced by his father in 1812. [?] Externally he applies cloroform upon a handkerchief, or other cloth, folded several times. This mill make a profound impression almost immediately when no perceptible effect is produced by mustard, capsicum, or other similar agents. He applies it first to the epigastrium, then to other parts of the abdominal surface, and then to the spine. In addition to this he administers broken ice as rapidly as the patient can be induced to swallow it, and in large quantities, even to the extent of a quart or two. The ice affords relief to the patient, reduces the congestion, restores the circulation to the surface, and when this effect is produced the patient is ready to receive and be benefitted by quinine, which, in the stage of congestion, he regards as injurious, rather than helpful.

STRANGULATED HERNIA.—(Dr. Lester in Weekly Medical Review) I notice in the Review of April 11th reference is made to a mode of reducing strangulated hernia under the title, "A Simple Expedient in the Management of Strangulated Hernia," recently practiced by Drs. Hurd and Stewart successfully, consisting simply in dilating, with the index finger, the hernial opening or ring. The simplicity of the procedure and the results obtained by the above-named physicians warrant a trial of it in all cases before resorting to the usual operation with the knife. Braithwaite's Retrospect for January, 1857, contains an account of this method by Baron Lentin, under the title, "New Mode of Reducing Strangulated Hernia." He says that "with this mode of reducing strangulated hernia, which he has now practiced for twenty years, he hardly ever, in his large practice, finds it necessary to have recourse to an operation."

A complete description of the method is given, closing with the following: "As a general conclusion, it may be laid down, that the facility and promptitude of this procedeure, and the immunity that attends it, ought to diminish the gravity of the prognosis of strangulated hernia by rendering the circumstances under which recourse need be had to an operation quite exceptional. Such exceptional cases will be found (1) in old, irreducible hernia. (2) When the strangulation in inguinal hernia occurs at the internal ring and inguinal canal are large and allow of the easy penetration of the finger, and then the new method is applicable, and the rupturing or dilatation of the internal ring should be attempted; and the maneuver is rendered easier by the fact that in these cases the canal is much shortened and the two rings much approximated. If, however, the external ring is too narrow to admit the finger, an operation is required. (3) When there are general symptoms of a gangrenous state of the intestine."

INDUCTION OF PREMATURE LABOR.—(Ec. Medical Journal, Cincinnati) From a lecture, delivered by T. Gaillard Thomas, M.D., New York (Physician and Surgeon), we abstract the following:

"The method of inducing premature labor which I now invariably adopt is very simple, and at the same time a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber or oil cloth in such a way as to drain into a tub

on the floor. In this tub we put one or two gallons of water at a temperature of 98° Fahrenheit. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put to bed, and that is all.

This operation constitutes one of the greatest advances that has ever been made in the obstetric art, and it is certainly no mean triumph to be able thus to preserve a human life, which, without its aid, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before full term, it should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the temperature of the room in the meanwhilee being brought up to nearly one hundred degrees."

HOW TO OBTAIN PURE WATER.—LET the first water of a shower waste till roof is washed off, (E. W. Barr, in Scientific American), then catch a 20-gallon stone jar full and cover it up for twenty-four hours, then carefully dip it out and place it in another jar in the cellar, all but a few inches in the bottom, which will contain all the impurities any filter will extract. This can be easily washed out, and the jar is ready to use again.

The jars impart no taste to the water, and do not leak. This is sufficient water for a family of five to drink from. Well water used for tea and coffee is purified by boiling.

Most so-called filters depend on gravity to force particles of water past particles of impurity, while the latter are supposed to be held mechanically by a strainer composed of various substances, while my dependence is simply a clean vessel and the force of gravity to get rid of the impurities. As the impurities continue to settle and we use the water off the top, we get the purest kind of a drink—clear and sparkling. The purity of the water that passes through most filters, even after the first shower has left its filth, is questionable, as the impurities are not gotten

rid of, but accumulate to befoul the passage for the next water that comes.

My arrangement requires no more attention than any filter should have, and may be modified to suit one's convenience or ideas. Only use clean vessels and let the water settle. To get a cold drink in summer, hang a jugful in the well.

GLYCERINE AGAINST DRY TONGUE AND THIRST.—Surgeon-Major S. K. Cotter, in a recent number of the Indiana Medical Gazette, relates the case of a patient suffering from enteric fever, who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerine frequently, and the result was that at the first trial the patient slept almost comfortably, waking up every two hours, with the tongue feeling dry, but not really dry to the touch; after renewed application of the glycerine he at once slept again. In six other cases it has been tried and found satisfactory. Surgeon-Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or by making an artificial coating. But in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.—*Ex. Med. Journal.*

CAPSICUM IN THE TREATMENT OF ANAL FISSURES.—In a re-recently published thesis Dr. Panzat (Raccoglitore Medico) has recorded a number of cases of fissure of the anus treated by the internal administration of capsicum. The remedy was given in doses of three grains morning and night. In most of the cases a cure resulted within a comparatively short period of time. The cases recorded were too few in number to serve as a basis for any definite conclusion; but the remedy being so simple, and the effects in certain cases so beneficial, the author concludes that a trial of it should always be made, and if at the end of a few days no improvement occurs, recourse may be had to forcible dilatation.

TREATMENT OF LEUCORRHŒA.—A common source of leucorrhœa is a weeping of the glands about the mouth of the uterus; and this condition (Medical World) we have found specially amenable to treatment by the use of Anderson's vaginal capsules, carrying absorbent cotton soaked in the following solution: R. Sodæ bicarb., ʒ i; tinct. belladonnæ, ʒij; aquæ calcis, O j. These

capsules are composed of gelatine, and after this has been dissolved, the impregnated cotton is left in contact with the os, and certainly has acted with perfect success in our hands, under otherwise adverse circumstancess the discharge having been old and persistent, resisting other methods of treatment.

LACTIC ACID, locally, in lupus and other malignant neoplasms. The Therapeutic Gazette says Dr. W. Lurzt, in the Prager Medici, Wachen, treated four cases of lupus successfully by lactic acid, locally. It produces very little pain. The healthy tissues may be protected by smearing with ungent.

Recently we treated a case of rodent ulcer of the cheek by applying with a camel's-hair brush the strongest acid to the sore. A trifling redness, accompanied with some slight smarting pain, which soon subsided, were all the inconvenience experienced. We dressed the sore with: R. Zinc oxide, ʒij; vaseline, ʒi. M. A rapid healing and cure followed. Lactic acid is certainly a good remedy in these cases.

A GOOD DRINK.—Lemonade (Medical Summary) is said to be one of the best and safest drinks for any person, whether in health or not, being suitable for all stomachic disorders, and excellent in sickness. Lemon-juice is the best anti-scorbutic remedy known. If the gums are daily rubbed with lemon-juice they will be kept in health. By the daily use of lemon, instead of soap, chilblains will be prevented, and the hands kept white, soft and supple. It is also said that neuralgia may be cured by rubbing the part affected with a cut lemon. It is valuable in curing warts, and removing dandruff on the head by rubbing the roots of the hair with it.

IRRITABLE BLADDER, accompanied by frequent desire to micturate, with burning pain at the meatus, and much straining, particularly when the urine is alkaline and cloudy. Treatment: R. Acid benzoic, ʒi; sodi biboratis, ʒiss; aqua, fl. ʒvi. M. Tablespoonful every three or four hours. If the trouble does not yield to this medicine (says Dr. A. F. Erich, in the Philadelphia Medical Times), Dover's powder, in 3-grain doses, every two or three hours, is frequently found effective.

PLASTER OF PARIS in hemorrhage from tooth-socket was used successfully by Dr. Blackville (Medical and Surgical Reporter).

After ergot, witchhazel, etc., were found unavailing, it occurred to him to fill the tooth-socket with plaster of Paris—a few repetitions of which completely controlled the flow.

We have known wood soot to be used for the same purpose, and in the same way, resulting in a speedy arrest of hemorrhage. Dr. Biggers uses grated dried beef, locally, in hemorrhages from the nose and other parts with splendid success.

BISULPHIDE OF CARBON FOR NERVOUS HEADACHE.—(American Medical Journal) Nervous headaches, as the neuralgic, periodic and hysterical forms, are quickly and effectually relieved by the topical application of bisulphide of carbon. A wide-mouthed, stoppered bottle is half filled with cotton or sponge, and upon this two or three drachms of the solution are poured. The mouth of the bottle is applied as near as possible to the seat of pain, closely, and retained for a few minutes. It generally acts like magic.

WET PACK.—Spread a comfort and several blankets on the bed, and over these a sheet wrung out of cold water. Remove all of the patient's clothing, lay him in middle of sheet, draw the edges of sheet over, and wrap the patient in it snugly, then draw over one side after another of blankets and comfort, and make all snug. Put cold wet compress on forehead.

Used to reduce temperature in typhoid, and to develop delayed eruption in scarlet and other specific fevers.

It develops the rash, greatly reduces the fever, quiets the pulse, renders the skin moist and comfortable, and abates the restlessness and wandering.—*Ringer.*

THE new mydriatic is *Scopoline*, obtained from Scopolia japonica. It is said to dilate the pupils more rapidly than atropine, and to maintain its action much longer, even into the third day, when the pupils are said to be larger than if atropine had been used. It is not irritative on the conjunctava, and is a strong antagoni to the action of eserine.

BLANKET BATH.—A blanket is wrung out of hot water, and wrapped around the patient. He is to be packed in three or four dry blankets, and allowed to rest quietly for thirty minutes. The surface of the body should be well rubbed with warm towels and the patient made comfortable in bed. This is an easy means of inducing sweating.—*Medical Call.*

VAPOR BATH.—Improvised. (Southern Journal of Health) Place patient, with clothing removed, in large, cane-seated chair, and surround both completely with blankets, letting them extend to the floor, and be secured about the patient's neck. Under the chair place a basin of hot water, with alcohol lamp beneath it; bring water to a boil, and patient will soon be brought into a state of perspiration which, may be carried to any desired extent. Use in uræmia, Bright's disease, and whenever diaphoresis is required.

WIZZARD OIL (original formula).—℞. Oil of organ; oil wintergreen; oil sassafras; chloroform; aquæ ammonia, aa fl. ℥i; gum camphor, ℥i; alcohol, Oiv. This is a noted pain-killer for external application; internally it is used for colic and other painful affections.

COLD DOUCHE.—Lower patient's head, place rubber cloth under, and pour cold water from a pitcher over crown of head, begin slowly and gradually raised higher and higher, so that the water may fall with more force. Used in sunstroke, and intense cerebral congestion.

FRECKLES.—(Medical Times) For the beautiful young persons afflicted with freckles, we would inform them that powdered nitre, moistened with water, applied to the face night and morning, will soon remove all traces of them.

KNEE-CHEST POSITION is recommended by Dr. E. F. Wells as being the best for both the woman and doctor, when turning is to be performed in cross presentations

EDITORIAL.

YE HAVE WRUNG THE WITHERS OF THE ALLOPATHIC ASS.

The editor of the New York Medical Record writes about "The Eclectics" in a strain that shows he had a burthen upon his mind which he was watching for the most inviting opportunity to unload and had just found it. An Allopath never appears so bewitchingly muddy as when he attempts to enlighten his brethren on what Eclectics and Homœopaths believe and how they

practice. Editor Shrady, apparently, as if in sweet innocence, presents himself so charmingly stupid in his attempt to write about "The Eclectic," that one wonders why he does not advertise more extensively. In the issue of November 14th, of the New York Medical Record, we see an editorial on "The Eclectics," which commences as follows: "We believe that most physicians have very vague ideas as to what the so-called 'Eclectic' really is."

Judging from the tone of the editorial in question, charity would suggest that this ignorance afflicts Dr. Shrady. Eclectics are not "mixed" as to their intellectual and medical status, only sometimes they are dazed on beholding with what outrageous freedom the Allopaths steal and appropriate the fruits of their labors, and then with all the affrontery of knaves turn round and claim the stolen property as rightfully theirs, and abuse the rightful owners as "irregulars"! quacks! charlatans! etc. Editor Shrady continues:

"'Eclecticism' in medicine, whatever it once was, seems now to be losing its distinctive character as a school having a peculiar therapeutic practice," etc.

In reply to this we need only remark that the time was when the poles are no farther asunder than were "The Eclectics" and the Allopaths, in the methods and principles of their practice, nor is the noonday sun any more to be contrasted with a lightning-bug, than were the respective results of the practice of these two schools of physicians. The time was, and not far in the past, when the practice of the most prominent Allopathic physicians in the United States was the embodiment of everything that was hurtful, destructive to life and health, while at the same time the practice of the average Eclectic physician was infinitely the opposite in every particular. So much so, indeed, that the Allopaths at that time found it convenient to persecute in every way handy, their rivals, for contrasts are always odious. It was from those days that the name Allopath began to grow odious.

Dr. Shrady cannot successfully deny that every step the Allopaths have taken away from the old ruts and quagmire they were in has carried them nearer the Eclectic camp. Leading Allopaths to-day plainly see that what progress their school has made in therapeutics has been forced upon them by their more successful rivals. The Allopaths progress only when they are forced to steal the fruits of the labor of their rivals, whom they

affected to despise at the same time. This most clearly explains why, to Allopathic eyes, it seems, that "Eclecticism" in medicine is "losing its distinctive character as a school having a peculiar therapeutic practice."

Dr. Shrady admits that Eclecticism in medicine once had a distinctive character as a school. It is still more distinctive and positive, because it is progressive, liberal and comprehensive.

Dr. Shrady admits that as a distinctive School of medicine, the Eclectic was in broad contrast with his School; hence its distinctive characteristics that made the Allopathic practice appear so odious to suffering humanity. Dr. Shrady does not deny this.

In the light of recent events, however, the Allopaths have not achieved credit or character. Whenever they have been prominently brought before the public attention a grand State funeral has followed. It is evident Dr. Shrady feels this sorely; hence, he endeavors to make out that a meaner school of physicians than his own are at large in the land. A fool's errand.

Only for effect does editor Shrady say that Eclecticism is simply a watchword for those who desire the greatest possible freedom from restraints, legal and social, on the practice of medicine; but it suits his purpose to ridicule and denounce the thought of medical liberty, styling it "simply a watchword for those who desire the greatest possible freedom from restrictions, legal and social, on the practice of medicine." "The Eclectic Medical Society of this State has declared formally against all attempt at placing legal restrictions on the practice of medicine, and the President of the Eclectic Medical Association of Pennsylvania declared, in his annual address, that the principles of Eclecticism are based on the American principles of freedom! Eclectic journals raise the same cry against all legal or social restrictions to the free practice of medicine by everybody on everybody!" These are Shrady's words; to him they sound and have the appearance of a withering sarcasm and a lascerating lampoon in this connection, for he is belaboring Eclectics, yet he cuts his own throat in another editorial. Animadverting on a communication written by Dr. James H. Perkinson, L. R. C. S., Eng,. of Sacramento, Cal., on the Allopathic rumpus and the status of the medical profession in the United States, Shrady replies: "The American physician is better paid and lives far better, probably, than the average European practitioner. * * He is un-

hampered by traditions and usages that limit his progress or obstruct his ambition. * * * *This freedom* for *endeavor and largeness of opportunity* is a thing *which gives to American medicine,* despite all its *failings, a character that has lifted it co-equality with any in the world.*"

The italics are ours, but it shows that the liberty and freedom of the Eclectic medical profession is a virtue that the most bigoted Allopath may find convenient to boast of when he desires to apply it to himself and his School.

Eclectics, of course, object to the trades-union legislation to "regulate" the medical profession that Allopaths everywhere desire enacted and consigned to Allopathic control and administration.

Allopathic editors are not wanting in mendacity in these days, especially when they set out on a lying tour about "diploma-mills." It seems curious that even the most asinine Allopathic editor does not pay regard to the following facts:

We take the following figures from the conspectus of the medical colleges of America, compiled by the Illinois Board of Health for 1884. Colleges recognized by the American Medical Association, 99; number of Eclectic Medical Colleges recognized by the National Eclectic Medical Association, 6. Total number of students in Allopathic colleges during the session of 1883–84, 10,092; total number of students in 12 Eclectic colleges, only six of which are recognized by the National, 738. Total number of graduates in Allopathic colleges for the session of 1883–84, 3,449; total number of graduates from 12 Eclectic Medical colleges, but six of which are recognized by the National, 227. Per cent. of graduates of Allopathic colleges, session of 1883–84, 32.8; per cent. of graduates of Eclectic medical colleges, 1883–84, 30.7.

Now, we ask candid men, on which side of this line are the diploma-mills most likely to be found? All these Allopathic colleges are in sharp competition with each other, and among the larger ones the most intense rivalry exists. One Allopathic diploma is as good as another from one end of this great Nation to the other. Outside of our borders none of them are worth shucks, and a Confederate note will go equally as far in the line of respectability as is well shown frequently by foreign correspondents to American medical journals. So on this score the Allopaths have no advantage over Eclectics or Homœopaths.

But then, where there is so much sharp and active competition, every man knows that if any Allopathic college attempts to draw the lines too tight, away goes its patronage, while those that are the most lenient and easy get the most students, because they put out the most graduates. Diploma-mills are Allopathic inventions and industries.

"To organize and give respectability to quackery and quackish practices" has long been one of the most profitable employments of Allopaths. The pages of Allopathic medical journals are ful of rose-colored certificates of Allopathic professors and prominent physicians of that School praising and recommending proprietary medicines. We find in the advertising pages of the Medical Record a host of proprietary medicines, many of them recommended by prominent Allopaths. It is evident, from their own showing, that Allopaths are the men who give respectability to quackery and quackish practices. To say the least of them, it is well-known that the Allopaths, take them as a whole, are the poorest practitioners in the United States, have the largest death rate in their practice, while the larger part of their patients that survive have entailed on them serious chronic diseases.

Regarding medical advertising, neither Eclectics nor Homœopaths are half as guilty of it as are the Allopaths, who resort to all sorts of dodges and mean evasions to get advertised. The editor of the New York Medical Record was one of the best advertised men a short time ago, yet it ended in sorrow and sackcloth to the Nation, as was the end of the late President Garfield. Medical advertising is one of the Allopath's fine arts. Who can get down to meaner and lower tricks to carry it out?

Dr. Shrady is endeavoring to creep out of the mud and slush himself and his School have got into. The muddle over the International Medical Congress has opened up the rottenness of the inwardness of Allopathy. The American Medical Association has become the butt and the laughing stock of the world. The reputation of the Allopaths has fallen considerably in the public estimation ever since the death of the lamented President Garfield, and the death of General Grant has increased the public contempt for the "regular" medical profession.

The editor of the Medical Record, in common with Allopaths generally, feels that there is a contempt afloat in the public mind for the "regulars," who are now known to a degree the public never dreamt of. Abusively lying about Eclectics is simply an

endeavor to unload the weight of contempt that rests on the Allopaths.

The Allopathic medical profession no more poses as a whale to the public eye, but now stands forth as a stuffed hog. The intelligent element of the country now know that the constant vaporings of the Allopaths are like the disagreeable miasms that arise from boggy heaths that can neither be cultivated nor drained, neither are they fit for anything but to hatch poliwogs to grow future frogs. Onward the Star of Progress wends its way to Conquest and Empire.

THE SITUATION IN ALABAMA

Is such that Eclectics are full of cheer and buoyant with courage to carry on the fight. The infamous trades-union medical laws on the statute book of that State must be wiped out, and the Allopaths placed by law on the level with the medical profession of the State. As it is now, the Allopathic medical profession is a State Medical Church, established like any established church in Europe. The Eclectics of Alabama have no compromise to make with their enemies. No Jesuitical diplomacy shall swerve them from the course they marked out to pursue last winter before the Legislature, and the fight shall continue on that line until justice is done the liberal medical profession by the laws of the State.

Those weak-kneed Eclectics who surrendered to the Allopaths and joined their State Medical Association to escape persecutions and avoid the brunt and labors of the fight, will soon see that they have sold their birthright for a mess of porridge. The working men in the Eclectic ranks have the strength of soul and the solidity of backbone that make men opulent in great undertakings.

The black eye the Allopaths received recently from the Eclectic lady physician, whom they, in their contemptible meanness, attempted to persecute by the law, is soon to be followed by the knockdown.

The people of the United States are in sympathy with the liberal profession. The people of the South are enemies to trades-union legislation, opposed to established churches in either religion or medicine, so the Allopathic medical law of Alabama must go. The Eclectics have the vantage ground and will hold it.

A CORRECTION.—We are under obligations to F. E. Daniel, M.D., publisher and editor of Daniel's Medical Journal, Austin, Texas, for calling our attention to our mistake, (which was really innocently made) in crediting two very excellent reprints in our Abstract Department, pp. 335 to 338 inclusive (Nov. issue) on the use of electricity in "Persistent Sympathetic Vomiting of Pregnancy," by W. T. Baird, M.D., Albany Texas, and R. G. Williams. M. D., Whitney, Tex., to the Amer. Med. Journal instead of Daniel's Medical Journal. We hasten to make the correction and assure our esteemed confrere that we thank him for his kind and courteous letter.

THE COLLEGE.—We are progressing finely with our work in the College. Dissection goes on regularly, plenty of material, every student at work, and the Faculty prompt—each man on duty when his hour comes. Students are always pleased, industrious and attentive when they find their teachers industrious, painstaking and zealous men in the discharge of their duties. We expect to turn out as well qualified class of graduates next March as the South can afford.

THE KANSAS STATE BOARD OF HEALTH

Is organized, as we learn, with a homeopath, Dr. G. H. T. Johnson, President, which is not quite to the taste of the allopaths of that State. A letter from Dr. N. Simmons, of Lawrence, Kan., informs us that many eclectics have been appointed county health officers by the State Board of Health, the members of which are: *G. H. T. Johnson, M.D., President; †C. H. Guibor, M.D., Beloit; ‡D. Furber, M.D., Perry; †D. W. Stormont, M.D., Topeka; ‡J. Milton Welch, M.D., LaCygne; *H. L. Roberts, M.D., Manhattan; *J. W. Jenny, M.D., Salina; †W. L. Schenck, M.D., Osage City; ‡T. A. Wright, M. D., Americus; †J. W. Redden, M.D., Secretary, Topeka. The election of the President was brought about by the fraternal accord existing between the eclectics and homeopaths. We learn the allopaths are not as happy as they should be, seeing that all the earth does not belong to Beelzebub and the allopaths. The eclectics, of Kansas, are well organized, and abundantly able to take care of themselves and protect their interests, and

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*Homeopath.
†Allopath.
‡Eclectic.

the allopaths know it. The result is, the people of Kansas hold the eclectic medical profession in high esteem, and have for our profession a profound respect. They are more than the peers o the allopaths in Kansas. All this comes of the eclectics being well organized and well able to protect themselves. The allopaths are not so anxious for fight in Kansas, as they are in Virginia, North Carolina, Mississippi and some other Southern States, where the liberal profession have tamely set down and permitted the allopaths to run over them rough shod. No, you must stand up for your rights like men and organize yourselves, and show the people you have rights and principles worth fighting for and worthy of protection, then will the people stand by you also. Eclectics are able to rout their allopathic opponents every time in a square fight. We hope our Southern brethren will go to work and place themselves on record. The people are with us; if we only give them the smallest part of the lever of progress to hold to, they will lift it. Remember, the impulse of the popular soul is with us.

TISSUE OXIDATION—FOOD—METBOLISM OF THE PROTOPLASMIC ELEMENTS OF THE ORGANISM.

Respiration is a destructive process. The function is pre-eminently an attribute of the bioplasm of the organic units. Absorption of oxygen and elimination of carbonic acid is ever going in by the protoplasm of living things. This process of respiration is essentially a form of living death. Living things are consumed that they may be repaired and renewed. This is the line life follows, and food is supplied that the consumed parts may be repaired and renewed. In the absence of food, the destructive process of respiration goes on all the same, so long as the activities of the bioplasms hold out, and when they are burnt up to a certain point, then they die, unless there is timely aid rendered by food being introduced.

Tissue oxidation is the part of life, for in the midst of life we are in death, and but for this ever-threatening death no life could be maintained.

Tissue oxidation is a true manifestation of functionation. The protoplasmic elements of the tissue crave and must have oxygen, that is, they respire—absorb oxygen, are oxidized and cast out carbonic acid, but their nitrogen constituents also suffer, and

urea, one of the results, perhaps the most striking result of oxidized protoplasm, is the outcome of protoplasmic restoration.

Food undergoes several transformations on its way into the tissues. All the proteids are reduced to solution so that they may dialyze through membranes. The change thus effected is nothing more than a simple hydration, that is, the assumption of water in certain molecular units by molecules of the proteid. The same changes are brought about in starch; it, too, is hydrated so as to assume the solubility of sugar. Fats we are not so sure about, for we find some of them are atomized by the pancreatic juice, other portions we find are bodily seized by the protoplasmic epithelium of the villi, etc., and actually becomes incorporated with its substance and is in this way transported by amæboid activities into the recesses of the tissues. All these transformations that the food undergo only fit it to be brought within the immediate reach of the anatomical elements. The food that enters the blood is conveyed to the capillaries, an irrigation of plasma through their walls into the intervascular spaces and lymph paths continue all the time, hence the anatomical elements are constantly immersed in an ocean of nutritive material, including oxygen, from which the protoplasmic elements of each tissue and organ selects such constituents and principles as subserve their well-being and promote their energies, and returns to it all that is of no further use.

We are under the necessity, from the nature of the facts before us, to recognize the metabolic activities of the protoplasmic units of the economy. The food, as soon as it is appropriated, or about to be appropriated, by the tissues, undergoes certain other transformations, both morphological and chemical. This fact is readily granted when we realize that all food comes primarily from the vegetable kingdom. The ox and sheep that eat corn and grass and roots, develop out of their food tissues differing from it in many striking peculiarities. That is, their, bodies are not vegetable but animal tissues. Then we know that our own bodies differ in many very important points from the food we eat and assimilate.

These facts, then, assure us that protoplasm of the tissues do split up, rearrange, rebuild and reorganize the food stuff, out of which it nourishes, repairs and renovates itself.

Oxidation of the tissues is carried on within their own recesses, the food being used as a builder and as fuel as well, the work being done by the protoplasm.

We see how strong the evidence is, that the functionation of protoplasm is a double and interchangeable vital expression of renovation out of death. This power of the protoplasm to destroy itself and rebuild, is the magic of life. Food is the go-between, between life and death. See how we approach the arcanus! We say living tissue builds itself out of dead food, food that is nothing but sores as it floats along in the blood. It has no life and can only be made a living thing within the vortex of the terribly destructive process of tissue respiration!

Now, the metabolism of the body is the work of the protoplasm, and it absorbs the oxygen and stores it for the work of destruction. It is the work of destruction that constitutes the function. We say the function, because we insist that no function can be affected unless a certain amount of oxidation has taken place in the protoplasm of the functionating organ.

In view of the activities of the protoplasm being the source of all energy, we are left open to conclude that the food proper for protoplasm, out of which it renews and restores itself, must be proteid. We are not at a loss for evidence on this point, as we have the fact well demonstrated in all directions that proteid food increases the explosive activities by which oxygen and carbon are united into carbonic acid; more oxygen may be necessary immediately. Proteid food causes a larger amount of oxygent to be taken up by the protoplasm, a larger amount of fat, of sugar, of other oxidizable carbon compounds to be taken up by the tissues; hence we see that the presence of proteid food is actually a stimulant of the oxidative functions of the protoplasm. All the stable materials of the organism are built up of proteid material, all the unstable ones are stored by proteid material of the tissues also. We find that proteid food has an immense range of uses in the organism.

The conversion of sugar and starch into fat is owing to the metabolism of the protoplasm under the stimulating influence of proteid. We know that hogs fatten on buttermilk and potatoes, neither of which contains fat, or if they do, too small in quantity to account for the large store of fat laid on. The proteid of the buttermilk stimulates the protoplasm to active work, by which, within its own recesses, the sugar from the starch of the potato, and the caseine of the buttermilk are converted into fat.

But, then, we are warned that proteid food, when taken in excess, is also likely to be split up into a hydro-carbon moiety

and stored as fat, at the same time the nitrogen moiety becomes a serious taxation to the liver, where it is converted into various materials, crystaloid and amorphous compounds, all of them at last is expelled from the system as urea. At other times a part is left as cinders and soot to clog the machinery of life. This is one of the dangers of large and excessive quantities of proteid food. True, this excess provokes a very considerable increase of the oxidative energies of the system, but it must be remembered that this increase of energy is so much wear and tear on the life-machinery of the organism, for the abundance that is taken in is followed by an equal abundance to be cast out, which, if not fully removed, become so much obstruction and clogs the working of the vital machinery.

A proper quantity of proteid food promotes the appropriation of fat and its normal storage. Fat is the tinder on which the vital spark keeps alive. We believe that the formation of fat may be brought about from sugar, starch and proteid itself. We believe the appropriation of fat is, in great measure, owing to the energy of the protoplasm to take oxygen and store it. Fat is not easily oxidized like sugar or glycogen, but it yields more energy and more steadily to the protoplasm.

In nearly all diseases fat is absent, and is with great difficulty restored. It is difficult of assimilation simply because the protoplasm is enfeebled in its power. In fevers and other diseases of high temperature, we find the protoplasmic elements undergoing extensive oxidation, simply because the protective forces by which the protoplasm of the body was shielded are now in abeyance, or it may be because the protoplasm is enfeebled and unable to store the oxygen, and thus becomes an easy prey to the affinities of that element.

In health, the protective forces, we believe, resides in the protoplasm itself to a great degree though not exclusively, for we recognize the action of the nervous centres to control the oxidative process.

To return to fat. We see that one molecule of oleine contains carbon enough to unite with 1,500 parts of oxygen, to form carbonic acid, while a molecule of starch contains 72 parts of carbon and requires but 192 parts of oxygen for its complete oxidation.

One great value of fat in food is in saving the assimilation of a large quantity of starch and sugar to supply the carbon essen-

tial to balance the oxygen that enters into the tissues. Every atom of oxygen, or nearly so, that enters the system, is eventually expelled as carbonic acid. Carbon must be present in near access, or the O will fall on the proteid tissues and oxidize them.

Too much starch food is injurious to health, especially to the digestive organs: hence some fat should supplement it. On the other hand, we find that too much fat is deliterious to the organism; hence starch comes in well to supplement it.

We see that one part of fat is equal to six or seven of starch and sugar for supplying energy. Under the stimulating influence of proteids, in fair but not excessive quantity, a vast amount of fat can be and is appropriated. In arranging food-stuffs for the sake of their use in the performance of labor, we must adopt a plan that, while it freely nourishes the body, will not overtax its eliminating organs to expel a superabundance of urea and other crystaloid substances. We find that the energy derived from proteid food is much nearer direct than otherwise, but it also costs a heavy tax to get rid of the cinders, for such is urea and its allies and other nitrogen extractions found in muscle that has been heavily worked.

We find that starch, sugar and fat allow a smaller quantity of proteids to be needed for the physiological performance of any work than would be in their absence. We find that a daily diet, compounded of proteids, 3½ ounces, fats 4 ounces, starch 9 ounces, sugar 1½ ounces, water 3 pints, tea or coffee 1 pint, salt 300 grains, is ample.

The necessity of animal food as a promoter of great muscular energy is, in our opinion, not well established, though when long and liberally indulged in, the system feels the want of it in its absence; but we believe men can perform severe labor on a well selected vegetable diet, one that has a liberal supply of concentrated proteids mixed along with other articles containing less, to as good advantage, and, in some respects, better than those who are fed on a large amount of animal food.

We contend that too much proteid in the food is not advisable, because it overtaxes the liver and kidneys; besides this, a great quantity of *debris* is left, often, to clog the vital machinery and cause disease. Fresh vegetables, soups, onions for their sulphur, beans and whole wheat meal for their phosphorous, cabbage for its salts, that act on the liver—a fact we know well; of raw cabbage, oatmeal, fruit, a fair amount of good, sound vinegar, two or three times a week, all tend to make a wholesome diet.

If beef is used, we suggest 10 ounces per day; good light, well raised hop-yeast bread (stale), 12 ounces; potatoes, 6 ounces; sugar, 1½ ounces; butter, 2½ ounces; tea or coffee, 1 pint, and plenty of pure water during the day.

J. FRANK HARRIS, M.D., our demonstrator, has been very ill and under Prof. Durham's care. Dr. Harris is slowly improving, and we hope will soon be out.

JOHN B. DANIEL, the live wholesale drugman of Atlanta, we commend him to our readers. He is liberal and a square dealing man. His stock is large, always fresh and good. See his advertisement.

BOOK NOTICE.

LEONARD'S PHYSICIAN'S POCKET BOOK. Bound in red morocco, with flap, pocket and pencil loop, price postpaid, $1.00. Published annually by the Illustrated Medical Journal Co., Detroit, Mich. The book is in its 9th year of publication, is good for thirteen months, is adapted to any year, and any month you may commence in. Has room for 50 patients, a cash department, obstetrical record, columns for diagnosis, for treatment; name of patients need only to be written three times in each month. It is elegantly printed, bound very strongly in morocco, flexible covers, is large enough to carry paper money in its pocket, with out folding. We think it is a very good book; will send it and the Journal for $2.90.

DRAFT OF A CONSTITUTION AND BY-LAWS.

Below we give the draft of a Constitution and By-Laws suitable for State, County, or District Society. This is in response to many letters received from various sections of the South asking us for model by which to form a Constitution and By-Laws:

PREAMBLE.

For the better organization of the liberal and independent Physicians of ———, for mutual improvement in the Science of Medicine, and for protecting the right of Medical Practice from any discriminations tending to contravene or restrict that right; or for the purpose of fostering any school of Medicine under the pretext of "Regularity" or superior scientific attainments, it is deemed proper to organize THE ECLECTIC MEDICAL ASSOCIATION OF THE ——— OF ———.

CONSTITUTION.

Article I—Name. This —— shall be known by the name, style and title of the ——.

Article II—Purpose. The object of this association shall be to promote co-operation and friendly intercourse between its members, and to disseminate useful knowledge pertaining to an improved practice of medicine.

Article III—Membership.—Section 1. Any Physician shall be eligible to membership who is of good moral character, and who has been legally educated as a Physician, and duly licensed as such, which qualification shall be determined by a Board of Censors appointed at the meeting at which the application is presented.

Sec. 2. To complete such membership, and receive a certificate thereof from the association, every applicant must receive not less than a two-third vote of all the members present at any regular meeting; he shall subscribe to the Constitution and By-Laws, and shall pay an admission fee of one dollar.

Sec. 3. Persons of high attainments in the Science of Medicine or in any of the allied sciences, residing outside the limits of this association, may become honorary members, and medical students may become junior members. Both may participate in the exercises of the association, but neither shall be entitled to vote, nor shall they be required to pay admission fees or annual dues.

Article IV—Officers.—Section 1. The officers of this association shall consist of a President, a Vice-President, one Recording Secretary, one Corresponding Secretary, and a Treasurer. These officers shall constitute the Executive Committee, for the general management of the affairs of the association, and for the transaction of all business not delegated to special committees.

Sec. 2. These officers shall be nominated at each semi-annual meeting of the association, and elected at the succeeding annual meeting, and shall serve for one year, or until their successors shall have been duly elected and installed.

Article V—Duties of Officers.—Section 1. The President shall preside at all meetings, when present; shall preserve order in the proceedings of the same according to received parliamentary rules, and shall enforce a strict obedience to the Constitution and By-Laws. He shall appoint all committees not otherwise provided for; shall order all monies voted by the association, and shall, at the annual meeting, upon his induction into office, deliver an

address before the association, and shall discharge such other duties as may devolve upon him by virtue of his office.

Sec. 2. The Vice-President shall assist the President in the discharge of his official duties, and he shall preside in his absence.

Sec. 3. The Recording Secretary shall keep a true and faithful record of all the proceedings of the association. He shall be the proper custodian of the seal at all times, and of all documents and papers belonging to the association. He shall countersign all orders of the President upon the Treasurer for money, when the same is in accordance with the vote of the association; shall notify members of their election to membership or office, and committeemen of their respective appointments, stating their duties He shall call all meetings when so ordered by the President; shall prepare and publish a programme for the same, and shall receive all admission fees and pay the same over to the Treasurer.

Sec. 4. The Corresponding Secretary shall conduct the correspondence of the association, and report at the next ensuing meeting such parts as may be of interest or importance.

Sec. 5. The Treasurer shall receive the money paid to the Recording Secretary as admission fees; shall receive annual dues from members; shall pay all orders signed by the President and Recording Secretary, and shall make a full report at each annual meeting of all receipts and disbursements.

Sec. 6. To the Board of Censors shall be referred the credentials of delegates and all applications for membership, whether for regular, honorary or junior, and while they shall extend every facility to the admission of candidates, that the cause of Medical Reform may be advanced, they are required to be strict and conscientious in their examination of applicants for membership; of the professional qualifications and standing of each; and shall report to the association the result of their several examinations at the earliest practicable time. Said reports shall at any time be received by the association, when convened for the transaction of business, and shall thereupon be disposed of by vote of the same.

Sec. 7. All papers, essays, and reports read before, or received by, this association become its property, and shall be deposited with the Recording Secretary; but none shall be published as a part of its Transactions without an express resolution to that effect.

Article VI—Ethics. The members of this association shall exercise towards all persons that courtesy and just dealing to which every person in his legitimate sphere is entitled; and any departure therefrom shall be considered unprofessional and unworthy of a reputable practitioner in an honorable profession.

Article VII—Penalties.—Section 1. Violations of the Constitution and By-Laws shall be punished by reprimand, suspension, invitation to withdraw, or expulsion.

Sec. 2. Any member failing to pay his annual dues for two years forfeits his right to membership, but may be reinstated upon payment of all dues; and no member while suspended shall take part in the exercises.

Article VIII—Amendments. This Constitution and By-Laws may be altered or amended at any regular meeting by a two-third vote of the members present.

BY-LAWS.

I. This association shall convene at such place as shall have been determined by a vote at the preceding meeting, and at such time as the Executive Committee shall designate.

II. A special meeting may be called by the President, or upon the petition to that officer of five regular members, when it shall be deemed necessary.

III. Five members shall constitute a quorum for the transaction of business.

IV. Any member desiring to speak shall rise and address the chair, and shall confine his remarks to the subject under consideration.

V. Each regular member shall pay to the Treasurer, at each annual meeting, the sum of one dollar as yearly dues.

VI. No member shall speak more than once upon a motion to the prevention of any others who have not spoken, and are desirous to speak, nor more than twice, nor longer than five minutes at either time, without permission of the association.

VII. Any motion shall be reduced to writing, if the President shall so direct.

VIII. No motion made and seconded shall become the property of the association, or be debated, until it shall have first been distinctly stated by the chair.

IX. After a question is put to vote no member shall speak upon it.

X. In the absence of both the President and Vice-President,

the Recording Secretary shall fill the vacancies by appointment.

XI. It shall be considered the duty of every member, when not present at a regular meeting, to report, either by letter or proxy, and to advise also the Corresponding Secretary of any change of his Post-Office address, but a failure to do so shall not work a forfeiture of right to membership, provided the annual dues are paid as required.

STANDING RESOLUTIONS.

Public Address.—*Resolved*, That the President of this association appoint a member at each regular meeting to prepare and deliver a public address, or cause the same to be delivered, at an evening session of the following annual meeting; and that this be made one of the By-Laws.

Thorough Education.—*Resolved*, That this association urge upon all Medical Students, or persons intending to pursue the study of Medicine, the necessity of a thorough literary education before they assume the responsible duties of a practitioner; for without a proper and well educated mind, no one can ever succeed well in the practice of medicine.

Medical Legislation.—Whereas this association is in favor of any legislative measures for the protection of the Public Health, and for the better regulation of the practice of medicine in this State; therefore, *Resolved*, That it will unite with all good men and measures which may be proposed bearing equally and justly upon the various medical schools, and that have for their objects the elevation of the standard of medical attainments, the protection of the public health, and the protection of the community from medical imposition and incompetency; but this association does and shall utterly deprecate any legislation discriminating in the interest of any one school of medicine; it will oppose the establishment of a caste in State medicine; it desires, and will insist, that all classes of Physicians enjoy equal rights before the law.

NEURALGIA.—Apply over the seat of pain oil of cajeput, oil of turpentine, oil of peppermint, oil of cloves, aa. This is said, by Dr. Taylor, to afford relief in a few minutes. Internally he gives: R. Ammonia muriate ʒ ss; pot. iodide grs. v; water ℥ ij. M. To be taken in one dose and repeated in an hour or two, if needed. He says these are specifics for facial neuralgia, or neuralgia of the eye. It is the treatment in all painful states of the fifth pair.

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ORIGINAL COMMUNICATIONS.

THE USE OF SKIM-MILK IN ALBUMINURIA.

BY W. H. HALBERT, M. D., LEBANON, TENN.

In my first cases of this disease I gave a diet of skim milk, and have continued this dietary course, in connection with medicinal treatment, in every case I have ever treated. Have treated only one patient who could not take the milk for several months, but began to improve as soon as the stomach would tolerate it. My patients, who would vary from this to meat and bread diet, especially beef, and only a small quantity, would grow worse immediately, feeling a weight and heaviness about the brain, which made them quite feeble—often causing them to keep their beds several days. Beef soup would cause the same trouble; vegetables cooked with salad oil or hog meat would retard improvement, but not to the same extent that beef would. Beef is a dangerous diet for this class of patients. Small bits of chicken or bird, not fried, twice a week, gave no appreciable trouble to some cases; others could not eat any kind of meat without causing other conditions which gave trouble, while it did not appear to increase the quantity of albumen. In every instance I did not examine the urine to learn whether it did or not. I have never known a case of albuminuria to die if he lived entirely on skimmed milk, while I must say I have never known one to get entirely well. These patients keep up, and are able to attend to their business, so long as they stick closely to their diet of milk.

I will report one of the worst cases I ever saw:

Was called January 17, 1884, to visit Mr. X——. Had been keeping his bed most all the time for six weeks, confined closely to his room, and the room shut up closely all the time, hardly getting enough pure air. If the door opened only for a few min-

utes, would cause him to get chilly and cold, and also to cough. Hands, feet, and face swollen; in fact, his whole body was more or less dropsical. The abdomen, scrotum, and penis were very much swollen; pulse, 85, full and strong; temperature, 100°; tongue, thick, broad, slightly coated, and of a deep red color. There was an eruption on the skin, attended by a most intolerable pruritis—worse at night; no appetite, but was living on eggs, beef soup, etc., as per directions. This patient had been treated on calomel, morphine, and quinine for several weeks, but was steadily growing worse. I had him to send me the urine that he passed during the night—which was about ten ounces, about one-half the quantity that was passed during twenty-four hours. On testing this urine, found that it contained 67 per cent. of albumen. There was so much of it that I had a Professor of Chemistry to test it, who pronounced it the same quantity. I had the professor to test it once a week for eight weeks, as well as making tests myself. These tests were all made with the urine that passed during the night previous and made by myself alone after the eighth week.

On the 18th of January, when I made my second visit, I was told that my services were not needed, as the patient preferred the other physician who had been attending him.

Was called again on the 22d of January, and requested by the patient and family to take him in charge. The former treatment had been continued, with the addition of a poultice of "black-eyed peas" applied to the abdomen, penis, and scrotum. This was considered by the doctor as a "sure cure" for this dropsical condition. I prescribed a fluid extract of apocynum, in 5-drop doses, every four hours; also a pill, three times a day, of 1 grain each of Vallett's mass, sulphate of quiniæ, and ⅓ grain of cinchonidia. These pills were taken, one just after each meal. The patient was to live only on skim-milk, 3 pints per day for four days, and increase a few ounces each day until he could, if he wished, take 6 pints or more, if necessary to satisfy his appetite. This treatment and diet was continued without change until the 15th of March. The albumen had decreased by that time to 27 per cent. (I had forgot to mention that I rarely found any tube casts, although examining for them every time the urine was tested, which was once a week.) During the first months of treatment the dropsical condition disappeared entirely; the pruritis was still giving trouble, but not so serious. There was

a general improvement; appetite good; temperature normal; pulse, 75, and tongue clean, but still a deep red color. During all this time he passed from 6 to 8 pints of urine every twenty-four hours. His bowels kept in normal condition all the time.

On the 15th of March, my treatment was changed, by advice, to: R. Potas, nitrate, ʒ 2; potas, sulphate, ʒ 4; pow. squills, ʒ 2. Trit. Sig. Take 1 teaspoonful, in two-thirds of a glass of water, one to three times a day. This treatment, in connection with the pills, was continued three weeks. The pills were continued all spring and summer. The above powders were only given once a day until the 1st of May; they were then taken at irregular intervals for several months afterwards, and are sometimes taken now if the bowels become constipated. The albumen continued to decrease until in August it was only 7 per cent.; in October, 3, and has never been lower than that, nor increased again, up to this time. This gentleman rarely eats anything but the milk, and when he does vary from this diet it always gives him trouble. He has been able to attend to his work, which is that of a tinner and hardware merchant, since June, 1884, at least so long as he does not vary his diet. The eruption is not entirely well, but rarely causes any trouble.

The following prescription was used locally for the eruption, the application of which always gave temporary relief: R. Opii, tinct., ʒ 1; acidi, carbolic, ʒ 1; spts. wine, retificati, ʒ 6. M. Apply to eruption at bedtime.

DANGEROUS POLY-PHARMACY.

BY I. J. M. GOSS, M. D.

There are so many compounds that are chemically incompatible that it is quite unsafe to combine chemical salts unless we know what effect the combination will produce. Simplicity of prescribing is not only safer, but most successful. The most scientific practioners now are opposed to poly-pharmacy, and *adjuvans* and *corrigens* are fast going out of use. It is almost impossible to combine any chemical compounds together without entire change of therapeutical effect. Why, then, combine three or four chemical salts together, when we get no reliable therapeutical influence? We cannot fully discuss this subject in an essay for a journal, but will merely glance at the subject at this time.

The following simple rules will serve as a mere hint to the practitioner in prescribing:

1. Never use more than one remedy at a time, provided that remedy will fill the indication.

2. Never use strong mineral acids in combination with other agents, unless you know exactly the reaction that will result therefrom. The strong acids will decompose the salts formed by the weaker acids, and form also others with alcohol, and decompose vegetables.

3. Select the simplest solvent, diluent, or excipient you can for each remedy, which is alcohol or water.

4. Never combine free acids with carbonates or hydrates, acetates, citrates, sulphates, chlorates, nitrates, or any of the acid compounds.

5. Never combine two or more soluble salts together.

6. The following more or less insoluble salts will be formed when the materials of which they are composed are brought in contact or in solution; that is: the hydrates, carbonates, phosphates, borates, arseniates, and tannates of most earthy heavy metals, and alkaloids, and the metallic sulphides; the sulphates of calcium, lead, and of the subsalts of mercury; the chlorides, iodides, and the bromides of bismuth, silver, lead, and the subsalts of mercury; the iodides of quiniæ, morphia, and most other alkaloids.

7. Alkalies also precipitate the alkaloids and the soluble non-alkaline metallic salts, and (as also metallic hydrates and carbonates) neutralize the free acids, when combined.

8. The following chemicals should always be prescribed alone, viz: Silver nitrate, lead acetate, corrosive sublimate (if prescribed at all), potassium iodide—because the silver nitrate, with creasote forms an explosive compound. Aconite should never be given in any vehicle except pure water. Silver nitrate and lead acetate and subacetate are altogether incompatible with everything; but as a lotion, the subacetate of lead may be combined with opium, which, although they form an insoluble compound, nevertheless, it is therapeutically active. Corrosive sublimate (often combined with other medicines) is incompatible with almost everything else, and, if given at all, should be given alone in simple syrup, for even the compound syrup of sarsaparilla is said lo decompose it.

9. Tannic acid, and the substances containing it, are incompat-

ible with albumen and gelatine. Tannic acid, iodine, and the soluble iodides are incompatible with the alkaloids and the substances containing them, and with most of the soluble metallic salts.

10. The glucosides, such as santonin, colocynthin, camphor, menthol, etc., should not be prescribed with free acids or with emulcin.

11. Poisonous compounds result from mixing potassic iodide with potassic chlorate; potassium cyanide or hydrocyanic acid with metallic hydrates, carbonates, subnitrates, or subchlorides, as bismuth carbonate or nitrate, or with calomel. And these are but a limited part of the incompatibles.

CASE BOOK.

BY C. D. R. KIRK, M. D., FERN SPRINGS, MISS.

Dr. M—— requested me to visit Mr. E——, who was about eighty-two years of age, and who was suffering from retention of urine by reason of enlarged prostate gland. He had been in usual health up to about four days previously, when he thought a spell of gravel began, but could not be relieved by the usual diuretic plan of treatment; and by the second day the urine had ceased entirely to pass, but with no diminution of desire to void it. The doctor had tried a variety of remedies, and finally resorted to the catheter, using the combined mettle instrument of a common pocket case, which traversed the urethra very easily until it entered the prostatic portion, then it made a complete failure. When I arrived no urine had been noticed to pass for about three days. The lower abdomen was very large, and there were fullness and rapidity of pulse, which showed some degree of fever. The patient was sleeping from the effects of an anodyne. I carried a half dozen Jackyer's catheters of assorted sizes. We selected one of the smallest, and, on attempting to introduce it, I found the clothing streaked with blood. The doctor explained that he had used some *little* force in trying to introduce the metallic instrument, and thought he ruptured the walls of the urethra. The instrument I used, although very small, caused much pain, but after crowding and packing it on itself it finally entered the bladder, but failed to admit any urine. We suspected a clot of blood to be the cause of the urine not passing, and concluded to let the instrument remain, with about an inch and a half pro-

truding out of the meatus, while we selected a larger one, and with a stilet, which we readily prepared by pushing a large counter fiddle-string through to the eye, and being now ready to relieve the old man of his great accumulations, and, therefore, his pains, we turned to withdraw the small one out, but, to our surprise, it was gone! But to where? was not so pleasantly surmised; yet the surmise was more pleasant than the contemplated trial to extract it from its hiding place—the bladder. I passed my hand rapidly down the urethra, and was just in time to intercept its worm-like march, and then, with the best coaxing of which an M. D. could practice readily, the instrument was gradually brought back to near the meatus, and, with the assistance of a small pair of artery forceps, it was extracted, to the great delight of two doctors, and with it a fact in practice; *i. e.* Never forget the contracting power of the urethra, and always prevent such trouble by passing a pin through the external end of soft catheters, or bougies. We had no trouble in introducing the large instrument, and the urine—about one-third blood—passed freely after withdrawing the violin string. I advised gelsemium and rhus aromatica, which was given for several days by Dr. M——, but an inflammatory action soon began, which extended to the peritoneum, and proved fatal in less than a week. The bladder was very full, there being near a half-gallon drawn off. The extensive dilatation may have been the principal cause of the inflammation, but it is reasonable to suppose that the rough use of the metallic catheter had a part to act. Let this be as it may, we are very certain, from treating wrongs of the prostate and bladder of old men, that a recovery is extremely rare—perhaps not one in ten ever get well after having the bladder distended largely and relieved with rough handling, and that, too, after many trials of sundry instruments. The prostate gland seems to be prone to inflammation from rough catherization, which almost invariably proves fatal. Is not this, too, the experience of other physicians?

A DOUBLE UTERUS.

BY J. W. PRUITT, M. D., RUSSELL, ARK.

But little, outside of text-books, is said of this malformation. Either it is very rare or overlooked at the parturient period, the only time at which, as a rule, it could be positively determined.

During a practice of thirty years, I have only met with one case that I was sure about, which I propose, briefly, to relate:

April 19, 1885, was called to Mrs. C——, primiparæ, æt. 42, past; bilious, encephalo-lymphatic temperament. She is a lady of large size, and her "time was up."

I had been dreading this case—knowing I would be called—on account of the patient's age. Upon my entering the room, she exclaimed, "Doctor, there is something wrong with the mouth of the womb" "Very well," I replied, oiling my obsteric digit; "we'll soon find out if there is." Upon making an examination, I was astonished to find the child's head presenting at the vulval fissure, and rotating under the pubic arch. Assuring the mother that "all was right," and to "let the pains have their course," a tolerably strong one came on, and, as I expressed it at our last State Association, "that child was born just as easy!" It was a 10-pound boy, and manifested his presence by a series of lively squalls.

After waiting some twenty minutes, as is my custom, proceeded to deliver the placenta; and now came the interesting part of the case. Placing my hand on the mother's abdomen, I soon discovered two well defined tumors—one lying to the mother's right, obliquely, and about the size of an adult head: the other occupied the left illiac fossæ, and was about the size of a new-born child's head. I felt nonplussed, and my first thought was *inversion*. Carefully tracing the outlines of the tumors, and their connections and relations to each other, I soon ascertained that, while there was a distinct *depression* between them, there was no *indentation;* besides, I could trace the connection between the two. Finding the placenta detached, and in the vagina, I easily extracted it. I had a bandage placed around the patient, as I feared hemorrhage; after which, she asked to be turned on the right side, which was done, and, calling for "Old Pudding," proceeded to let him nurse in the most approved style.

I watched the case closely for several days. Involution went on slowly, but regularly and constantly, and when I discontinued my visits—some ten days after the birth—the tumors could be distinctly felt, but greatly diminished in size.

The history the patient gave of herself was: She had always enjoyed good health. About a year before pregnancy took place would be attacked with pain in right side, with swelling, just before the menses would appear; but with the use of hot applications the swelling and pain would subside.

Patient continued to improve, and now enjoys robust health.

If the reader will examine Vol. II, page 263, Hart and Barbour's Manual of Gynæcology, Wood's Library, 1883, he will find an almost exact illustration of this case. I do not pretend to account for such abnormalities; but they seem to be, in most instances, compatible with longevity, health, and reproduction.

PNEUMONIA.

In the treatment of pneumonia we must have an eye to the dangers that slowly creep on—death at the heart. In the outset of the disease—frank pneumonia—we have hard pulse, high; blood pressure; soon pleuretic pain comes on, and a hagging cough is seldom wanting. Our old plan of applying large flaxseed poultices, big enough to envelop the whole half the trunk of the inflamed side, is still a good one. To make a serviceable poultice, procure a bag of suitable size, and in it put the hot poultice, then "run up" the open end. A red hot poultice would scald the skin, but if you interpose several thicknesses of woolen cloth betwixt the skin and the poultice there is no danger; and such a poultice will keep hot much longer, especially if it is covered with oiled silk or rubber cloth and a piece of flannel. When the poultice is to be changed, have a new one ready at hand to be clapped on the place when the cooled one is removed. To get the best benefit from a poultice in pneumonia, it should be changed every hour or two, or while they are still warm, and before the temperature has fallen many degrees. Be sure to observe these rules, and you will seldom be disappointed in a poultice.

In the first stage of pneumonia—engorgement—we have obtained splendid results from full doses of tincture of ipecac. The fluid extract, made by any of our advertisers, will be found more reliable than the powder. Many years ago it was the stereotyped practice with many Eclectics to give a full dose of ipecac, and repeat it in four hours. Those were sthehic cases, and some sweat appeared; the skin grew soft, and the urine became abundant. This was, in our experience, the most successful treatment in sthenic pneumonia, which was sure to lead to very quick convalescence; but the treatment is not likely to be popular, though it is the best.

Vaso-motor stimulation and high blood pressure are two prominent symptoms in the opening stage, up to commencing exudation, of pneumonia. These have their weight in producing seri-

ous symptoms and conditions. The heart beats strong, and the resistance to the blood to the other parts of the system only serves to force immense quantities of blood into the inflamed lung, which is the seat of a vaso-motor paresis. If, at this time, we can relax high vaso-motor constriction, we can sluice the blood off into the tissues; thus we may bleed a man into his own anatomy, as it were. To this end, verat. vir. has held a high place—small doses of ½ to 1 drop, every hour or so, to bring the vaso-motor tension down. Verat. vir. stimulates the vagus, but does not impair the irritability of the heart, and, on this account, is to be preferred to aconite. The continuous high temperature is likely to exhaust the irritability of the heart and weaken its tissues. We must guard against this in the second stage of the disease—that is. the xhe tdaeutive—and sustain the forces of the circulation. High temperatures destroys nitrogen tissue rapidly, and the fierce destruction is the danger. Later, the first sound of the heart grows weaker and weaker, and now is when we need fear most death by asthenia is imminent, and is likely to occur about the sixth to the ninth nay. Quinine in large doses, for its antipyretic action, is a fearfully dangerous remedy in pneumonia, as we have pointed out time and again in these pages; but given in 2 or 3-grain doses, twice or thrice a day, it is a highly valuable remedy, because it is a stimulant to the cardiac ganglia. So is strychnine and atropine, both of these in minute doses—1-100th grain every four hours—tone the heart and increase the vigor of the first sound. Gelsemium also serves to allay pain and promote rest.

The Allopathic practice of giving morphia to stop the pleuritic pain is not to be imitated. Judicious poultices often accomplish this, while morphine often paralyzes the respiratory centre when given in pneumonia. Much of the murderous results that grow out of Allopathic practice in pneumonia is, in part, owing to the use of morphia. We must bear in mind the often excellent results obtained from bryonia and asclepias tuberosa. We have seen the hagging cough and the lacerating pain finely controlled by 2 drops of tincture of bryonia, given in 4 ounces of infusion of pleurisy root, and repeated every hour or two. Tincture of cypripedium, 5 drops; tr. lobelia, 2 drops. M. Repeat every hour. This often secures rest and allays pain. Apply a hop poultice to the side. We have great faith in hot butterfly weed tea in the exudative stage of pneumonia as a reducer of high temperature.

Careful and scientific feeding is of absolute importance, night as well as day, and more particularly during the height of the exudation. To sustain the heart, we believe caffein is a highly valuable remedy, and should be more extensively used. A hypodermic injection of strychnine in the day of trial often turns the scale toward life.

The danger point of the disease is when the heart is tending to falter. At night especially, about the period when in health the temperature is lowest, is the time when the danger is greatest in pneumonia, from the fact, at that time, the powers of resistance is lowest, and hence death is more likely to come on from heart-clot or diastolic prolongation. This is the time pneumonia patients need watching. We insist that fully half of the fatal cases of pneumonia and typhoid fever are absolutely avoidable. Careful feeding will often stop delirium, stop muttering, and promote sleep and restore the blood.

In the progress of the case, the vaso-motor centres are weakened, the circulation tends to become venous, as we have repeatedly shown, and many of the serious symptoms are the production of poison retained in the blood on this account, but more particularly for the want of oxygen to burn them up. In pneumonia and typhoid fever, etc., the colloid tissues become saturated with cystaloids, the most dangerous of poisons. A starving heart and respirators must prevent oxygenation. Impaired nutrition, high temperature, weakened vaso-motor tension, all tend to create extra blood-poisons from the rapidly decaying nitrogen tissues, which, in turn, embarrass the eliminating functions. Heart-tonics, as strychnine, caffeine, atropine, are needed, but a man must be careful with them. Even diuretics can be used, and none equal acetate of soda, or the citrate of potash. We have seen life saved by these, given along with strychnine. The hypodermic injection of strychnine, in critical cases, often saves life.

The *scientific* feeding of such a patient is worth all other arts and sciences in the treatment of acute diseases. The proper attention to *treating conditions* has made Eclectic practice very successful, and we have the vantage ground in this important branch of scientific medicine. The value of baptisia in the typhoid stage is undoubted; also of macrotis and pulsatilla, to promote sleep and remove congestion of the abdominal organs, a frequent source of danger in pneumonia, which must be attended

to. Stimulants must not be commenced too early; but in children and old people we fear the loss of energy of the heart, as is told by the weakness of the first sound. We feel, then, that careful stimulation is always called for. Often, a teaspoonful of good whisky, with some milk and a little yelk of egg, mixed, seem to give vigor to the heart. Capsicum, 1 grain; quinine, 2 grains, make a good heart-tonic. No purer stimulant than capsicum exists. At night, watch for the least sinking, and combat it with dry heat. A little beef essence and whisky will frequently revive a patient, and tide him over danger. Beef essence has a place in our treatment during the dangerous period of the disease. Peptised milk has its values that are too high to be lost sight of.

FOOD FOR THE SICK—HOW TO PREPARE IT.

Sick people need food specially prepared. Acute fevers and inflammations cause very rapid waste of the nitrogen as well as adipose tissues. These must be in part restored, the excessive destruction must be compensated as far as practical. We are firmly of the opinion that many such patients die from starvation. Often we see such patients drenched with beef tea, egg-nog, milk, etc. They die seemingly in spite of the feeding, often as a consequence. What good can food be to a sick body that is unable to absorb and appropriate it? Too often the food remains in the alimentary canal to become decomposed and thus create a new center of systemic poisoning.

This view of the case leads us to look for means that will help the organs of digestion and assimilation to take up and appropriate the food, a task neither easy of accomplishment or available in many cases. The sick man and starving at the same time must waste away rapidly. The oxidation of his tissues is excessive, simply because the protective forces of his economy are in abeyance. We must sustain, as far as possible, these protective forces, and to do this we study food and feeding in connection with sanative medication.

Cow's milk is a prime article of food, available for sick people, adults and weaned children. The following table represents the average of many analysis by different men of science:

	Mean.	Minimum.	Maximum.
Water	87.41	80.32	91.50
Total solids	12 59	8.50	19.68
Fat	3.66	1 15	7.09
Milk sugar	4 92	3 20	5.67
Albuminoids	7 52	2.76	19.88
Ash	0.70	0.50	0.87

The average specific gravity of cow's milk is 1.029.

One essential feature of cow's milk, is the large amount of proteids it contains, notwithstanding there is such a range between the minimum and maximum, and another striking property is the very large amount of albuminoids that are coagulated by acids. The reaction of cow's milk is also slightly acid; it contains less alkaline salts than woman's milk, which is always alkaline. Another peculiarity of cow's milk, is that more than half the total solids are carbohydrates. Since we have these facts to guide us, we may be certain that in acute diseases, when milk is used as a diet, that a risk is run of great masses of coagula being formed in the stomach and then becoming a load necessitating the secretion of considerable quantities of gastric juice for its solution as in health. The stomach is not sufficient for this task; hence, milk is often a dangerous diet for sick people, unless it is otherwise prepared. We are lead to first principles—we conclude that a man when sick is again a babe; hence, we feed him as a babe. To make the milk digestable we have at hand several methods. The first is: Mix equal parts of milk, lime water and barley water together. This dilution, however, lessens the sugar and fat which must be supplied. We have for years used sugar of milk and not cane sugar, to raise the sugar per cent. There is normally on the average about one ounce of sugar milk in a pint of cow's milk; a pint of the prepared milk needs about 280 grains of milk sugar and 8 ounces good fresh cream. Very weak and exhausted patients should have from 1 to 3 tablespoonsful of this every hour, even oftener.

Peptized milk is of frequent advantage. Of late years the pancreatic ferment—the so-called pancreatine—is highly recommended as the best means to peptize milk. We doubt the soundness of the dogmatic reasoning on this subject. Pancreatic ferments need an alkaline medium to ensure their action; the ferment is very changeable and unstable; we have never seen a reliable pancreatic digestive fluid other than that we have made ourself. We have found that a pancreas eight hours out of the body will cause the pancreatization of milk by using it just as we do rennet.

Take a slice or two of such a pancreas, drop it in new milk, put it in a warm place for four or six hours, when the ferment will have acted on the milk. The objection to this method is the milk soon becomes of a disagreeable bitter taste. Some re-

commend to bring the milk to a boil before the bitter taste is developed and thus kill the ferment. Some, again, advise placing the milk in a very cold medium (as an ice chest) to retard the process after it has been started an hour or two in a warm place. All things considered, we prefer pepsin or rennet for peptizing milk.

Add 30 grains of good pepsin to a pint of new milk, set it away in a warm place; after a few hours the milk will be just coaguleted, at this time it must be well beat with an egg beater to atomize the coagulated albuminoids If the milk is taken in the stomach at about this stage of the process, digestion proceeds, the casein is peptonized and fit for absorption. This is a valuable way to prepare milk for very exhausted patients.

Speaking of pancreatic fluids, etc , we take this opportunity to remark that there seems cause to believe that when the pancreas is sliced up and salted just as rennet from the calf's or pig's stomach is prepared, and dried in the same may, a good pancreatic rennet can be obtained that will peptize milk to a certain extent, but not equal to true rennet, yet handy enough for practical purposes. We have obtained fine pancreatic ferment by slicing a pancreas in thin pieces and digesting it in glycerine. Ten drops of this digest has powerful digestive properties.

A piece of rennet an inch square will peptize a pint of milk in a few hours. The beauty of rennet is, it can be washed clean after using, dried and ready for use two or three times more, allowing a few days to intervene between each using. It seems the rennet restores itself some way.

Beef peptones may be readily made, at least to a serviceable extent, by chopping up lean beef free from fat and strings; place 16 ounces of this fine mince in a pint of water 100° F., acidulated with 30 drops of muriatic acid; to the water add 60 or 80 grains of good pepsin (the pepsin we find in the shops is not near as strong as claimed by manufacturers; perhaps age has injured it; therefore we use it more liberally than the usual quantity recommended). Place the vessel in a warm place, stir with a bone or wooden spatula or stick frequently so that all parts of the beef and fluid may be brought together. After six or eight hours the mass is to a fair extent peptized, that is, considerable of the beef is peptized--not wholly, we admit, but enough to continue the process in the stomach. We have found that pressure will release a vast quantity of highly proteid liquid

food, rich in peptones, superior to the best beef tea or liquid beef sold. One part of this fluid added to two parts of well-made pap, make a highly nutritious soup, as rich or richer than milk in proteids. The above minced beef peptone is, when well-made, very refreshing and digestable.

Pap may be made as follows: Stir up a tablespoonful of good wheat flour in some cold water, rub all the lumps down so that the fluid, which is of the consistency of thin cream, is perfectly smooth. At the same time have a vessel on the fire containing one part water and two parts milk, in all 10 fl. ozs. As soon as boiling, slowly add the flour batter, stirring all the while to prevent lumps forming, when all are added, let the boiling continue half an hour, and as evaporation takes place add some of the mixtures of water and milk, which must be hot and not cold, so as not to stop the boiling. This is excellent pap. When cool enough you may add at the time of feeding some extract of malt. We feel a deep conviction that malt is a valuable adjunct to farinacious food even for sick adults. A little peptized beef juice may be added to this, which makes it very refreshing.

We have a strong leaning to barley water, rice water, thin oat meal gruel and the like for fever patients. The fluid helps to clear out the blood and wash the tissues which are full of poisonous crystaloids and should be removed.

We have noted how well some patients do who drink plenty of water and other thin fluids. We have seen delirium considerably subside after the patient had passed twice or three times the quantity of urine he did a day, or a few days before. Milk and lime water often come in well in typhoid fever, the combination seems to answer a good purpose. When the fever is high and the quantity of urea voided great, we think proteid food, along with some fat, is needed more than ever.

Glycerin is an oil and serves the place of fats in the diet of fever patients. When mixed with the yelk of egg and beef peptone, it makes a remarkably valuable food for fever patients. Yelk of egg mixed with glycerin appears to become highly soluble, the glycerin acting as a pepsin or ferment as it were. We feel confident that this combination, added to proteid, seem to make it more soluble. Give more glycerin to your fever patients, mix it with yelk of egg.

The composition of the yelk of hen's eggs is: Albuminoids, 16; fat, 30; mineral, 1.3; water, 52.0.—*Dalton.*

How rich it is in proteids, and the fat is in union with some phosphorized compound. We disgust the egg nog, so recklessly used, often becoming a source of destruction on account of poisonous changes it undergoes in the alimentary tract when it is not quickly absorbed.

Glycerin, on account of its solubility in water and fair diffusibility, is readily taken up and oxidized in the system, performing the role of alcohol, that is readily oxide and affording protection to the fat and proteid tissues; hence, glycerin makes a valuable food in fevers and inflammations. We find use often for beef essence, which though of doubtful nutritive properties is a valuable stimulant to the heart and the respiratory centre. The combinations and proportions in which it is used vary with the object in view. We find it very useful when the heart and respiration are weak. Give it during the period of depression, which is generally about midnight and early morning. These are trying periods, and we know how death seeks out these periods to work destruction. Give some beef tea with a little beef extract, (the formula already given) add a little glycerin. We have seen the good work this combination does in sustaining the heart and the respiration in the depressing and dangerous periods of acute disease.

We cannot impress it on you any too strong that you must watch the heart and the respiration. You have often seen how some physicians kill their patients by drenching them with whiskey and egg nog, and how they destroy their exhausted nerves with large doses of quinine, chloral, bromides, etc. Remember how mighty nature is if she is carefully treated and how responsive she is to our physiological efforts. On the other hand, she becomes resentful and leaves you when you attempt to force her with a heavy hand.

The problems of food and feeding go hand in hand with our advanced medication. Eclectics, study and cultivate both sciences together, for they are inseparable.

A CHRISTMAS JOKE—YES, WE'VE REPORT.

BY E. C. ROTHROCK, M.D., TEXAS.

In the Courier-Record of Medicine, Fort Worth, Texas, December number, we find the following Christmas Joke. For coolness, arrogance and impudence, it takes the cake.

DENISON, TEXAS, November 15, 1885.

DEAR SIR:

I am desirous of collecting for our State Medical Association

all possible evidence against irregular doctors. Mistakes, blunders and mal-practice, either ludicrous, serious or fatal, are especially asked for. Anything showing incompetency, lack of education, want of fitness in medicine, surgery, or obstetrics, will be gratefully received. Names, dates, or localities are not of so much importance as facts, and might be omitted. Every neighborhood has its interesting item, and I will be much obliged to you if you will furnish yours. This information may be utilized by the Committee on Legislation in securing the passage of an act creating our long wished for Health Board.

Hoping a speedy answer, I remain yours,

ALEX. W. ACHESON.

QUACKPRY IN TEXAS.

Editor's comment: The following circular letter speaks for itself. We hope the profession throughout the State will furnish Dr. Acheson with the desired information.—ED. T. C.-R. of M.

We think we can furnish the doctor with several examples of "mistakes, blunders and mal-practice," and may be "ludicrous, serious, or fatal," just as a fellow looks at them. Great snakes! The doctor is grateful, and even thankful, for small or big things received, in fact, "anything showing incompetency," "lack of education," "want of fitness in medicine, surgery, or obstetrics." As "names, dates or localities are not of so much importance as facts," we omit them and give facts. Yes, "interesting" (item) facts. O! doctor, in brief.

Dr. A., regular, attended Mrs. T., who was in labor with twins. She was doing well until the Dr. interfered and gave belladonna pills. She had convulsions; in twenty-four hours one child was born dead; in twenty-four hours more Dr. E., "regular," was sent for consultation. Dr. E., ten hours after his arrival, opened the head of the unborn child and extracted the destroyed child. Dr. A., in his efforts to bleed, cut four or five ugly gashes in her arm. The woman was as large after expulsion of the twins as before (internal hemorrhage). Neither of the "regulars" knew the cause of the enlargement of the abdomen. The woman died a horrible death.

O, mighty doctor! this is obstetric practice, "mal practice" of "serious and fatal" termination, with a little surgery as spice. "Mistakes" and "criminal blunders."

Dr. A. (same "rugular") attended Mrs. C., in labor—twins.

Two weeks after confinement we were called to see the lady. Placenta retained for that length of time; pulse 160; temperature 104°; exsanguine from continued hemorrhage from uterus; puerperal peritonitis; life despaired of for days, but finally recovered like the Dutchman who went to heaven.

This, dear doctor, was "serious."

The same "regular" attended John G. with pneumonia. We saw the case the fifth day, he was delirious from toxic effect of belladonna; tried to bite any one that approached him, and died in a short time

This, good doctor, is medical practice—"want of fitness;" but plenty of fits another way.

The same Dr. A., "regular," gave belladonna pills to a gentleman, Mr. J., who complained that he saw snakes, etc. The doctor, to show that his medicine was not bad medicine, but eternal "fitness" of things, and to prove there was no "mistake or blunder," did take one of the pills himself. In a short time Dr. A. could not arise from his chair, his "regular" legs would not act.

O, great doctor! this is "ludicrous" practice, near serious, O!

Dr. A., same "regular," bled a lady and beat her arm until it was blue from elbow to shoulder, to cause the blood to flow.

Dr. B., another "regular," was called to see a lady in labor. I have doubts as to its being labor. Think it was false pains, which an anodyne would have relieved. In six hours the doctor came for me to deliver with forceps; but we could not go, but promised to go in three or four hours, if necessary, giving him advice in the meantime, *i. e.*, to give her time, as she was in a good condition. He had given ergot, half ounce, etc. Six hours later the child was forced into the world, and she died in four days. Could not stand the treatment—ergot, carbolic acid, opii., chloral, salts, calomel, bro. potash, etc.

This, mighty doctor, was regular obstetric, "mal-practice," "incompetency," "serious and fatal."

Dr. B., same "regular," Mrs. L., remittent fever, treated by administration of opii. and morphia, hypodermically, in a stage of prostration and collapse. No pulse at wrist; face pale and cadaverous. We, by hard work, brought reaction and she lives.

This, great Medical Esculapius, is 'medical' practice with serious tendency in a little squirt—lack of "fitness."

Dr. B., same "regular," attended Mr. S., pronounced the

disease paralysis. After six days treatment other doctors were called. It was a case of delirium tremens; and a good many needles of the prickly-pear was picked out of his paralyzed arm, he having fallen into a bed of them.

O, Medical Censor! this is "ludicrous" medical practice, tending towards "mistakes and blunders."

Now comes king "regular," Dr. C., killed two patients in a week; disease was pneumonia. Could not stand teaspoonfuls of calomel and quinine every few hours. Prostration and capillary congestion, heart depression and failure. This, dear "regular," was "mal-practice, incompetency," "want of education (medical), serious and fatal."

Dr. C., same "regular," treated Mr. B. for disease of spine, liver and kidneys. Malarial fever was the trouble; however, he has departed; could not stand the huge doses of calomel, quinine, etc.

Dr. W., another "regular," attended Mrs. C.; miscarriage; left placenta, etc., in the uterus. We saw the case four weeks after she was paralyzed on one side and died a victim of "regular" mal-practice. This, also, is "serious and fatal." Record the above, doctor, in the great Allopathic Blue Book.

We could write up many more such cases, perhaps, in a week, but the above is sufficient and are as true as gospel. There are a good many such as Dr. A. who would like to build up a medical aristocracy in this free country, by urging partisan legislation against the other Schools, but it is transparent, the public see through the whole thing and refuse to be made tools of. We think that this "regular" medical solon, Alex. W. Acheson, should be donated a leather medal with the image of a mule's daddy (Jack) on one side and Medical Inquisitor General of Texas on the other.

[Every Eclectic physician in that State can report many such instances of "regular doctors'" "mistakes," "blunders" and mal-practice," either "ludicrous," "serious" or "fatal," to the Georgia Eclectic Medical Journal, and we respectfully suggest that our readers do it at once, so that Dr. Alexander W. Acheson may know how much quackery there is Texas, and he will find nineteen-twentieths of it in the ranks of his own school.]

CÆSAREAN section was performed on a woman who died of apoplexy, and a living child was extracted by Dr. J. Mark Hays, of N. C. This case we see reported in the Western Medical Reporter.

A PECULIAR CASE OF STRANGULATED HERNIA.

BY J. T. DOOD, M. D., EAST POINT, GA.

The following case may interest your readers. The points are as follows:

Mr. Phillips, a gentleman seventy years old, had inguinal hernia; don't think he wore a truss. One day he lifted heavily on an engine, which caused the gut to come down. He neglected it for nearly three weeks, during which time his bowels never moved. One night he sent for me. I sent Dr. Sprayberry, who reported an immense tumor as large as a child's head. The skin was discolored, and an offensive fluid oozing out of many small apertures. The next day I went, and diagnosed a strangulated hernia with gangrene of the gut, for the smell of the parts was very offensive. The tumor had burst. When I got there, I found one end of the gut had sloughed off and the remainder hanging out eleven and a half inches, disorganized. I applied as a dressing, willow charcoal and diluted carbolic acid to the injured part, and gave internally baptisia, fluid extract, 5 drops every two hours. I gave enemas of hot water, which moved the bowels. No surgical operation was performed, for I thought the case hopeless, and the family were opposed to any surgical interference. Strange to say, his bowels became regular after this, fæces passing per the anus regularly every day.

I must remark, that all the eleven and a half inches of gut outside had sloughed off in four days, thus leaving two open ends of the intestines in the wound. Under my treatment the wound healed and the fæces passed regularly the natural way by the anus.

He made a complete recovery, and went to work picking cotton for four weeks. One day he lifted a heavy basket of cotton and exclaimed, "I have torn something loose inside of me!" He was carried to his house, and died in four or five hours after. No physician was called to him, for he died too soon after, so there was no post mortem.

There are some valuable hints to be derived from this case as to how Nature heals.

SALICIN in diabetes melitus is said by Donflath to be a valuable remedy. He gives it in doses of grs. 45 to ʒiss, half an hour before each meal.

ABSTRACTS.

DYSPEPSIA—SOME POINTS TOUCHING ON ITS DIAGNOSTIC RELATIONS.—By Lemon T. Beam, M.D., Johnstown, Pa.—If dyspepsia was merely a disordered stomach, as is frequently surmised, its diagnosis and treatment would be rendered very simple. But, if we are to be exact in our knowledge on this subject, it is clear that the old impression of the stomach being the sole seat of the trouble must be abandoned, in favor of views more in accordance with the teachings of modern physiology and pathology.

Dyspepsia, in one or another of its many phases, daily passes before the practitioner, and as it readily recurs, or passes from one form to another, under slight provocations, and clings so tenaciously to its victim, it is one of the most difficult of all diseases to treat.

I employ the word "dyspepsia" out of respect to general usage in the past. Its incorrectness is obvious. Of late years, the term "indigestion" has come into general use, as being more expressive of the abnormal condition, almost replacing the old familiar word when referring to affections of the stomach. The term indigestion is likewise incorrect, when one speaks of a simple or idiopathic disease in any portion of the digestive apparatus.

Indigestion is but a symptom, and is found associated with or as a result of a great variety of disorders. It may result from either functional or organic derangement in any part of the complex machinery implicated in the process of digestion. Moreover, the condition referred to by either of the terms, dyspepsia or indigestion, may exist without any affection of the stomach, *per se*. We must, therefore, re-study the subject, else we will never understand digestion, its disturbances, and how to meet them. We must look beyond the stomach and pay minute attention to the assimilation of food, the disturbances connected therewith, and learn how to remedy or avoid them.

All physicians recognize the fact that "stomach troubles" are terribly on the increase; hence, they should carefully study them in all their phases, to the end that their diagnostic and therapeutic relations may become intelligible.

Simple, functional or symptomatic derangements which are of brief duration, as is well known to, at least, the experienced practitioner, often simulate the most alarming and hopeless or-

ganic diseases. And it is just here I would desire to impress upon the mind of the reader the great need of diagnostic care and acumen. We need to know in most cases of simulation of grave disorder, that such cases are, at least may be, induced by the delicate and controlling influence of the ganglionic nervous system, by vascular disturbances and perversions of the nutritive qualities of the blood.

The special study and treatment of chronic or lingering and obscure diseases has led me to give minute attention to the diagnostic relations of indigestion, and I must declare, that of the cases presented to my attention, whether by direct application of solicitous patients, or consultation by the conscientious practitioner, a large proportion present no evidence of the organic disease that was anticipated. Grave cases, apparently of heart and lung disease, on auscultation will be found merely functional or sympathetic disturbances; the intermitting irregular and palpitating heart, præcordial distress, etc., in a majority of cases will be found unattended by true cardiac disease; cough, dyspnœa and thoracic pain, so alarming to patient and friends, are often independent of any primary pulmonary disease. In some instances of grave disease of heart and lungs, however, feeble digestion—"a weak stomach"—is an associate ailment, or a secondary morbid complication. Therefore, it will be seen how important that we first understand how to diagnose the case in hand prior to instituting a course of treatment.

The man who said that "the souls of some persons reside in their stomachs," uttered a truth in more senses than one.

"Gluttony kills more of the human race than rum." It soon breaks down the digestive apparatus, which is the fountain of nutrition and of continued life. The *how* we eat, as well as *what* we eat, and when, the quality and quantity of diet, the methods of its gastric and intestinal digestion largely influence the development and career of the individual life; the stature, form, temperament, intellectual force, health and duration of life. "Whether the cardiac valves shall calcify, atheroma attack the vessels of the retina, the optic nerve atrophy, the arteries degenerate and the brain becomes the seat of softening or apoplexy, is a question of digestion and assimilation."

Again the question of hyperplasia, plethora and arterial tension—results of excessive eating, it may be—takes precedence in time and diagnostic importance of the hypertrophied heart,

The patient was placed in bed, surrounded by bottles of hot water, and a dressing of carbolized cerate, absorbent cotton and a bandage applied to the wound. The patient took food regularly with no drawback. On the third day the bowels moved spontaneously. On the 10th day the sutures were removed. she made a rapid and permanent recovery.

SOLIDAGO ODORA—SWEET SCENTED GOLDEN ROD.—A very interesting article on the therapeutic properties of this medicament is in the Southern Clinic, by Dr. L. B. Anderson. Solidago is a most powerful remedy in calculous affections of the kidneys and catarrh of the bladder. The doctor says: My conviction is, that it is the most efficient antilithic, in combination with carbonate of magnesia, I have ever used. In combination with bromide of potass., he has derived from it, what he has good reason to believe, marked catalytic effect on cystic calculi. It may be confidently assumed that its most potent and striking action is diuretic. According to the doctor's experience, we infer that the solidago is a powerful factor in preventing the formation of lithic acid and its salts in the system—that is, to better the assimilating powers of the system. In this respect it is a most valuable remedy, no doubt. It also has a local action of sedative and carminative nature on the whole urinary tract, allays irritation, assuages pain and stops catarrh of these tissues. Nothing is more painful than confirmed gravel disease, and nothing is more difficult to permanently cure after it becomes chronic. We think Dr. Anderson has put us on track of a valuable remedy.

BINIODIDE OF MERCURY IN DIARRHŒA.—A rather interesting case of diarrhœa, provoked in an old woman of 70 years, by a harsh cathartic, which assumed the form of an inflamed mucous diarrhœa. Under proper treatment the fever was overcome, but the diarrhœa kept the even tenor of its way in spite of treatment. At this junction biniodide of mercury was used on the suggestion of Professor Howe at once, and the case was cured and dismissed in four days. The prescription used was: ℞. Distilled hamamelis, water, aa., fl. ʒ ij; biniodide hydrargeri, gr. ij. M. S. Dose, half teaspoonful every three hours. Mercurial salt to be dissolved in two fluid drachms of alcohol before mixing with the watery vehicle. The case was under the treatment of Dr. A. T. Stephens, who reported it and the treatment in the Eclectic Medical Journal.

Delbridge frequently uses biniodide of mercury in the violent diarrhœas of teething infants, especially when the dejections are mixed with blood, mucous and shreds, in doses of one drop of a solution of 1 gr. to 1 oz. of tinct. macrotys, repeated every 2 hours, given in water.

IS NUX VOMICA A SPECIFIC FOR AGUE CAKE?—This question is asked and answered by R. C. Hemenway, M. D., in the Eclectic Medical Journal, detailing the treatment of a case, in which the spleen was of immense size, the result of previous chronic intermittent, and which had resisted all the other methods of treatment adopted by other physicians as well as him. Dr. H. says: Having heard of strychnine being used in such cases, I determined, as a matter of experiment, and without any confidence in it, to prescribe it in a sixteenth of a grain doses, three times a day. I was astounded at the results, recovery immediately following. He has had intermittent fever several times since, followed with swollen spleen, which was easily reduced with nux vomica or one of its preparations.

Several other cases are detailed, seemingly as severe as are met even in the West. Strychnine, in doses of one-sixteenth of a grain repeated three times a day. Dr. Hemenway finds corresponding doses of nux vomica to be equally as efficient as strychnine in curing these cases of enlarged spleen. The *modus operandi* of the remedy in these cases is very correctly explained by Dr. H., are clearly defined vaso-motor lines through the sympathetic and the spinal centres. Experiment has shown that stimulation of the dorsal part of the cord causes powerful vaso-constriction impulses to extend throughout the splanchenic nerve and its ramifications to the arterioles.

COFFEE IN HERNIA is the title of a paper by J. S. Stillman, in the Massachusetts Medical Journal, *nee* Massachusetts Eclectic Medical Journal, in which he shows the benefit derived from large potations of strong coffee. The patient sitting in a warm hip-bath, drank freely of this infusion until he become completely relaxed. He was then placed on a bed, the foot of which was elevated two or three feet, another attempt was made to reduce the hernia (which was a strangulated direct inguinal). Tracing the tumor with the right hand, he drew it downward so as to stretch the neck of the sac, and then firmly compressed it

between the fingers. At the end of a few minutes a gurgling noise was heard and the intestine slipped back. A very prominently manifested property of the strong coffee, in this case, was its anæsthetic influence on the painful state of the tumor, in as much as the parts tolerated very severe manipulations, which, previous to taking the coffee, were unbearable.

HYDRONAPTHOL is the name of the new antiseptic recently introduced by Dr. George R. Fowler, of Brooklyn. It is soluble in water only 1 to 1000, but more so in alcohol. Its antiseptic properties prevents putrefaction, is neither irritant, corrosive nor poisonous. Three valuable points. Besides being inodorous, it is fifteen times more efficient than carbolic. A saturated solution in water (1 to 1000) it preserves indefinitely animal tissues and fluids; it has no effect on living tissue, save the formation of a slight albuminous film. Trituated with oxide of zinc, etc., in the proportions of 1 to 50, it makes a valuable antiseptic dusting powder over wounds, sores, drainage tubes, etc. It is not claimed as a germicide, but its antiseptic properties, coupled with its other merits, makes it of great value in practice. If you can prevent putrefaction, you need not fear germs. We have abstracted from the Southern Clinic.

CATARRH.—Treatment recommended by Dr. Hemming in Medical World: R. Iodide of arsenic, grs. 8; aqua pura, one pint. M. S. Take teaspoonful three times a day; continue for months, in either acute or chronic form. Locally he advises: R. Permanganate of potassium, grs. 4; aqua pura, 4 ozs. fl. M. Sig. Pour a small quantity in the palm of the hand and snuff up each nostril sufficiently hard so that the solution will run through the nostrils and reach the pharynx. Repeat night and morning. The Doctor says he has abandoned all other treatment for this, which he regards as superior to every other and heartily recommends it.

Dr. J. T. Dood uses: R. Borax, ʒi; water, ℥ 12; permanganate potass., grs. vi. M. S. Snuff up the nose three times a day. Reliable in many cases.

THE GOOD INFLUENCE OF LAND DRAINAGE on the health of the inhabitants of sections of country where malarious diseases prevail, is very forcibly set forth in an article by Prof. John L.

Marsh, in the Indiana Eclectic Medical Journal. It appears that the Hoosier Legislature passed an act which provided for the appointment of "Ditch Commissioners" in each county of the State. These gentlemen made good use of their office, and the people's money as well. The land was thoroughly drained in the most unsalubrious counties. As a result the health of the people has been wonderfully improved, malarious diseases—that disease that wiseacres represented as being a myth—have departed, and the doctors have less business.

MAMMITIS.—Bryonia in threatened suppuration, is nearly a specific, says Dr. S. S. Stauffe in the Brief. When the nursing breast becomes knotty, inflamed and threatens to form abscess, 5 or 6 drops of the reduced bryonia—made by adding bryonia tincture, ʒ i; alcohol, ʒ vii; shake well before using—given every two hours, cuts off the abnormal process. When the inflamation has passed beyond the control of bryonia, an ointment of carbolic acid applied to the breast will arrest the progress of the disease. Such an ointment applied to a boil or carbuncle, or pressure in paraphimosis causes wrinkling of the inflamed tissue.

LUPUS, treated by oleates with success, is every now and then reported. The disease is regarded as of parasitic origin by pathologists. The oleate of mercury has been well recommended. Several physicians have used salicylic acid, oleic acid and vaseline with success. Some claim for lactic acid brilliant results. Durham uses powdered ergot with much success, sprinkled liberally on the sore.

TREATMENT OF SPINAL MENINGITIS.—Dr. Canwright, writing to the Chicago Medical Times, says he has accomplished speedy cure of this affection under the following treatment: Keep a mustard poultice to the entire length of the spine and an ice bag to the head; administer the following: ℞. Chloroform, ʒ ss; tinct. aconite, ʒ i; tinct. belladonna, ʒ i; tinct. gelsemium, ʒ i; tinct. lobelia, ʒ ij; aqua dist. q. s., ℥ iv. M. Sig. Teaspoonful every two hours until there is an improvement, then every four hours.

A COLORLESS SOLUTION OF HYDRASTIS, ITS USES, ETC.—By E. M. Hale, M. D. (A reprint from the Medical Era, of Chicago, November, 1885.) The great value of many of our indigenous, and other medicines, is not sufficiently utilized, because

of some disagreeable quality. Hamamelis, so useful and indispensable in venous engorgements, varicosis, varicose ulcers, and external hæmorrhages, also in some uterine and vaginal diseases, was for a long time neglected on account of the unsightly and almost indelible stain of the clothing which attended its use. The use of distilled Hamamelis does away with this objection.

Hydrastis is another drug which has been particularly objectionable on account of the vivid yellow color. Patients, particularly women, very strongly object to its use. Unless carefully manipulated, the color which it gives to underclothing, napkins, etc., becomes indelible; so there is an economical objection, as well as others.

Hydrastis owes its yellow color to the *Berberine* which it contains. But this alkaloid is not the most important constituent of the drug. There are other principles, which are of greater value. Besides, there is a therapeutical objection to the berberine when we desire to get sedative effects upon irritated or congested mucous surfaces, for berberine is rather an irritant than a sedative to these tissues. Even the tonic power of berberine falls before the other alkaloid *Hydrastine*, which is found in Hydrastis. The discovery of this alkaloid marked a new era in the history of this medicine. In it resides nearly all the peculiar and unique qualities of Hydrastis, or that principle which distinguishes it from Berberis vulgaris, and all other plants which contain Berberine. As a pure, unirritating tonic, in medical doses, it has no superior in the vegetable kingdom. As a curative agent to many of the most obstinate diseases of the mucous surfaces, it ranks with Calendula, Copavia, Cubebs, and Eucalyptus. But one of the great advantages of Hydrastine is its *colorlessness*. When pure, it is in the form of snowy-white crystals. But in this form it is quite insoluble in water, and its salts have to be used as external or topical applications.

But to the chemical skill of the Lloyd Bros., of Cincinnati, Ohio, we owe a preparation which will doubtless supersede all others. It is a colorless solution of all the active principles of Hydrastis except Berberine. It has been known to analytical chemists for several years that there are one or two other principles in Hydrastis. There is one which gives an opalescent color to water, and another, perhaps anæsthetic, like cocaine, but they have never been isolated. These unnamed principles with the Hydrastine, are all incorporated in Lloyd's Colorless Hydrastis.

I was one of the first to whom they sent this preparation, nearly a year ago, and I have since used it quite extensively in mucous diseases.

As my personal experience may be of interest, I will append a few of its uses.

Internally, this preparation has altogether superseded, in my practice, the Tinc. Hydrastis and its dilutions in the following disorders—namely: *Dyspepsia with irritable stomach; acute and chronic gastric catarrah; gastro-intestinal catarrh, especially in children.* The recent physiological experiments with Hydrastine shows that it *heightens the sensitiveness of the spinal reflexes.* This power will make it specially indicated in gastro intestinal irritation, and catarrhs, when reflex disturbances are common. There is a particular variety of gastric irritation, characterized by painful digestion; distress after eating; slow digestion of food in the stomach, with formation of gases, and fermentation; vomiting of food, or injesta, mixed with mucus, etc. Colorless Hydrastis will often cure this disorder unaided (10 or 15 drops before meals). But in many cases I have had brilliant curative results from the following mixture, when either, alone, failed:

℞. Corlorless Sol. Hydrastis, ℥ i; Bismuth sub. nit., ʒ i; Pure Pepsin (non sacchar.), ʒ i; Aqua dist., ℥ iii. Mix.

Of this, give a teaspoonful before meals, and in bad cases, another one hour after.

The usal dose of Colorless Hydrastis is 5 to 15 drops in water every three or four hours; or one teaspoonful in half a glass of water every three or four hours; or one teaspoonful in half a glass of water, a spoonful as often as indicated.

Topically, I use this solution in apthous sore mouth; catarrhal pharnyngitis, laryngitis and bronchitis (in the two latter, in the form of a spray.)

In vaginal catarrh (leucorrhœa), it is admirable as an injection. After washing out the vagina with a weak, hot, saline solution, inject the following: One teaspoonful Lloyd's Hydrastis to four or five ounces of water. In cervical or intra-uterine catarrh, it should be applied pure, on a probe wrapped with absorbent cotton, if the cervix is sufficiently open. If not, inject it through Battle's Syringe which carries from ten to thirty drops. A cotton tampon saturated with this solution, one-half water, is a very efficient method of applying it. In chronic gonorrhœa, gleet, catarrh of the bladder, rectal catarrh, catarrhal conjunctivitis, catarrhal otorrhœa, nasal catarrh, and even some forms of eczema, and other irritable cutaneous diseases, its use is attended by the best results.

EDITORIAL.

THE ILLINOIS BOARD OF HEALTH UNDER THE PONDEROUS HAMMER OF THE LAW.

Read the judgment of the High Court of the State of Illinois on the Board of Health case. The last thirteen lines breathe a lively indignation toward the acts of the "Board" and its methods. The Judge does not hesitate to style it an unmitigated despotism, shocking to contemplate. The States of Alabama, Mississippi, Virginia and North Carolina have medical laws on their statute books far more infamous than is the Illinois law. The Allopaths had them placed there. These laws are a disgrace to any civilization. They partake of the odious qualities of star chambers for trades-union purposes. The laws make the Allopathic school of physicians in those States an established medical priesthood, because they are managed and controlled by their State societies with special powers to crush out all enerprise, liberality, competition and rivalry.

The Eclectic physicians of Alabama have become aroused to the galling despotism the Allopaths have been exercising over them, and are bravely fighting their enemies with every prospect of finally overthrowing the outrageous despotism.

If the Eclectics of Mississippi, Virginia and North Carolina will organize and fall into line, they can and will sweep away the whole fabric of Allopathic domination through the strong arms of unjust and discriminating law.

These very acts of the Allopaths in obtaining this kind of trades-union legislation bespeak the inherent weakness of that school of physicians when brought into competition with the New School doctors. The public see and feel the force of this. Eclectics must go to work in those States and at once assault the lines of the Allopaths, and they are bound to win.

THE ILLINOIS STATE BOARD OF HEALTH IN HOC.

"The opinion of principal public interest among those delivered by the Appellate Court yesterday was that in the case of Dr. Lucas R. Williams, who was tried in the Criminal Court sometime ago, convicted, and adjudged to pay a fine of $50 for alleged violation of the act entitled "An act to regulate the

practice of medicine in the State of Illinois," approved May 29th, 1877.

"The defendant Williams was a graduate in medicine prior to the passage of the act, he receiving a diploma from Rush Medical College, February 16, 1875, and after the act went into force, November 7, 1877, he duly presented his diploma to the State Board of Health, who issued their certificate. Afterwards, February 6, 1880, declared the certificate revoked.

"Judge McAllister delivered the opinion of the Court, which went to extreme length in sustaining Williams, and the effect will be to deal a very severe blow at the State Board of Health. The judge said that the statute in question, being penal, must be strictly construed; its several parts must be construed so as to give effect to all, and no construction should be put on it not supported by the words, even though the effect should be to defeat the very object of the law. The State Board of Health was not a judicial body, and, as respected the duty and function of verifying diplomas, its officers fell somewhat short of the true character of even quasi judicial officers, they had so little left to their discretion. Their only powers were derived from the statute. Their duties related to two classes, those who had diplomas and those who had not As to the first class, the only duty of the board was to verify their respective diplomas in a certain way, and identify the persons. That done, the board must issue its certificate. As to non-graduates, however, the board had unlimited power of examination. It was evident the object was to stimulate applicants to study medicine in medical colleges so as to obtain diplomas. When a certificate was given on a diploma the function of the board ended. Section 10, relating to the right of the board to revoke certificates, only applied to those who had obtained certificates after examination, and not by diploma. Williams had a diploma; hence the board had no right to revoke his certificate. It was highly improbable that the legislature intended to vest the board with absolute power over the reputation and fortunes of all that other large class of persons called graduates in medicine, there being neither notice nor right of appeal provided for, but the delusive right of appealing to a political non-judicial body. That the legislature should attempt to vest such unguarded, irresponsible power in that board, through which it might select whomsoever and so many of those graduates as it pleased, and by its own mere fiat at once strip them of all the

fruits of their study and sacrifices, of even the means of a livelihood, without redress, seemed shocking to contemplate. The decision of the court below would, therefore, be reversed, and the case remanded."—*Chicago, Tribune, December* 5, 1885.

THE PROGRESS IN MEDICAL EDUCATION.

Out of Thy Own Mouth will I Condemn Thee.

The report of the Commissioner of Education for the year 1880, just issued, contains a considerable amount of statistical information regarding medical schools.

The schools for medicine, dentistry, and pharmacy in 1880 numbered 120, against 63 in 1870. Of these there were 72 regular medical colleges, besides, 6 Eclectic and 12 Homœopathic institutions. In the regular medical schools were 1,131 instructors and 9,876 pupils, of whom 2,673 graduated in 1880. The number of pupils and graduates from the irregular schools was: in the Eclectic, 188; Homœopathic, 380.

As Eclecticism and Homœopathy are so often associated in the popular mind with growth and progress, it is interesting to see whether such advance is really being made. We give, therefore, a comparative table for the years 1878 and 1880.

	Number.	Instructors.	Students.	Graduates.
Regular Medical Schools, 1878	68	915	8,279	2,506
Regular Medical Schools, 1880	72	1,131	9,876	2,673
Eclectic Schools, 1878	6	51	448	211
Eclectic Schools, 1880	6	65	833	188
Homœopathic Schools, 1878	11	158	1,215	363
Homœopathic Schools, 1880	12	188	1,220	380

From this it will be seen that Homœopathic schools have increased by one, but that in students and gradutes they show hardly any advance.

The Eclectic schools have not increased in number, and have diminished in graduates. The number of pupils is reported to be larger, however.

It will be noticed that while medical students increased in number from 8,279 in 1878 to 9,876 in 1880, the increase in graduates is proportionately much less. We may, perhaps, interpret this as meaning that the requirements are more rigid than formerly.

We clip the above from the pages of the New York Medical Record. It is interesting reading, and the Allopaths will find cold comfort from it. The diploma-mill business is well shown

from the Allopathic side. In 1878 the Allopaths had 68 colleges recognized; in 1884, the number rose to 90, and the end is not yet. As regards per cent. of graduates to students the Allopaths always keep ahead, and what is worthy of note, the big colleges cap the climax in this particular. We have heard it remarked that the devil seldom works with dull tools, but, yet, it is allowed he often mistakes a skunk for a weasel.

HEMORRHAGE coming from the lungs, bowels, etc., may be controlled by: ℞. Tr. ergot, ℥i; tr. hamamelis, ℥ii. M. Sig. Teaspoonful in water every two hours. In the meanwhile, if the heart beats hard, pulse hard and over 80 per minute, give verat. vir., 1 drop every half hour till the frequency is reduced to 70 or 60, not lower. Keep patient in bed; give cider vinegar in teaspoonful doses. Any good acetic acid, diluted to the strength of good cider vinegar, will answer, when the latter cannot be had. A strong infusion of pemento (allspice), taken cold, arrests uterine and pulmonary hemorrhage. In severe cases, we have found very hot applications (as hot as can be borne) to the *whole* abdomen of great value. The hypodermic injection of ergot is frequently a brilliant success in stopping hemorrhage from the great cavities. Biggers praises ℞. Oils of erigeron, cinnamon and turpentine, aa.; dose, 3 to 10 drops in mucilage or sugar; repeat in ten minutes, and so on, till bleeding stops. Dr. Hampton told us of one of the most frightful cases of hemorrhage from the lungs he ever saw. Everything failed, even to hypodermics of normal fluid of ergot. When death seemed inevitable he bethought him of the *third preparation of lobelia.* It was given in teaspoonful doses. But two doses were needed. Inside of thirty minutes the woman was asleep; no more hemorrhage. A moment before she was nearly pulseless, motionless; now her pulse came up like magic, and the blood ceased flowing. The late Professor Clinkscale related to us a similar case, ten years ago, which was raised, as it were, from the dead by the same remedy. We have seen ice bags applied to the spine with success in pulmonary and uterine hemorrhage.

APOCYNUM CANNABINUM.—Some points in the therapeutical properties of apocynum have been suggested on observing its action for many years. There is a striking fact regarding its action to be noted. We refer to its decided vaso-motor action on

inflamed parenchymatous organs, as the liver, lungs, and mammary gland; perhaps also the testicles. Apocynum is a powerful vaso-motor stimulant. In this way it relieves inflammation and congestion of these organs. We have repeatedly noted the action of the medicament in reducing hepatic engorgement; also in hepatitis. In pneumonia we believe it is not surpassed by any known remedy in preventing the exudation, or, this failing, it hastens its absorption. This medicament, as is well known, has been long appreciated as an active diuretic in dropsies of various kinds, particularly those that are owing to valvular disease of the heart, and to chronic hepatitis. Its action in this class of cases is undoubtedly due to vaso-motor stimulation, and increase of blood-pressure in the general arterial system, and in the glomeruli in particular. Apocynum c. is a heart tonic. We have seen the systole of the heart strengthened under its action. If the activity of the capillary circulation is increased, the nutrition of the tissues is enhanced, and this in a special way when no general excitement is provoked. This feature in the action of this remedy gives it the character of a true tonic. In Bright's Disease apocynum c. may prove a valuable remedy.

PODOPHYLLUM is a most valuable remedy, more so than podophyllin. We knew an old Eclectic who used to boil the ground root in whisky in a closely covered vessel—a pound of the ground root to a half gallon of good corn whisky—the boiling, or rather simmering, to continue an hour, the loss made good, in the meanwhile, by adding whisky. This preparation of podophyllum did not gripe or cause depression when the dose was a trifle too large, though the patient would vomit and purge. We advise our readers to try tincture of podophyllum made this way. We regard it the best remedy we have in catarrh of the stomach and duodenum, and acute dysentery, cholera infantum, and congestion of the liver and other abdominal viscera. We have given it with gratifying results in the second stage of cholera infantum, in minute doses. Use it as you do the ordinary tincture of podophyllum. It is milder in its action, and fully as cholagogue.

CAPSICUM—QUININE—LOBELIA SEEDS.—Capsicum and quinine combined made the conventional formula of Eclectics years ago in typhoid fever and pneumonia, as well as in intermittent and remittent fevers. The practice was a kind of instinct that

seemed to arise, like the morning star, just before the coming day. The practice had solid merit in it; hence its popularity. We had often seen 2 grains of quinine and one or two grains of powdered African capsicum (the pure quill) allay excitement of the heart, or stimulate the nervous system, or raise a feeble pulse, or slow the pulse when too fast, as well as produce sleep. The practice is good. In many cases of delirium, during fever, we have seen it subdued by combining quinine 2 grains, capsicum 1 grain, powdered lobelia 1½ grain, given in pill or powder, and repeated every hour or two until the patient became calm. This treatment was well suited to typhoid cases in which the heart-stroke was weak and fast, the teeth covered with sordes, subsultus, and delirium.

THE NATIONAL.—We are receiving letters from various sections of the South which inform us that Southern Eclectics will attend the next meeting, in generous numbers. We send out the Announcement of the Sixteenth Annual Meeting. We wish all who want copies will send us a card. The North will be largely represented, because our Northern brethren wish to make acquaintance with us, so that a general intercourse and personal acquaintance may spring up among us. We think every Eclectic who wishes to be present at this grand meeting can do so by beginning now to make preparations for the great event. We have engaged the Opera House for the National. We want to get up the grandest time in honor of the National coming to us, that that august body has ever yet witnessed in honor of its meetings.

A MILD REMINDER.—The New York Medical Record contemptuously reminds the British Allopaths that the most fanatical *anti-vaccinationists* are rampant in their country. We simply wish in this connection to remind Editor Shrady that the bitterest fanatical hostility and bigoted resistance that was ever launched against Jenner and his great discovery came, fiercely and positively, from the Allopaths of England. History also informs us that the most prominent Allopaths of Europe were the greatest opponents to the introduction and use of Peruvian bark. Editor Shrady is not an oracle, but a ———.

COCAINE, in 2 per cent. solution, dropped in the ear, has the credit of being almost instantaneous in stopping earache. The application may need repeating in an hour or two when the case is severe.

EDITORIAL NOTES.

WRITE to Lloyd Brothers, of Cincinnati, Ohio, for their large work on their Specific Tinctures.

READ the advertisement of John B. Daniel, the live wholesale drug man of Atlanta, and give him a call. John B. is a trump.

WRITE to Sharp & Dohme, of Baltimore, Md., for their large catalogue of their manufactures. Their's is *the* Great Drug House of the South.

THE AMERICAN MEDICAL DIGEST is a very valuable monthly, and every physician should have it. See the advertisement, and write for a specimen copy.

JOHN B. ALDEN prints more books, and at cheaper prices, than any other printing house in America. Write to him for a catalogue, at 393 Pearl street, New York.

DARWIN'S DESCENT OF MAN.—Three copies of the four numbers this great work is being reprinted in, have reached us. Write to Fitzgerald, 393 Pearl street, New York, for it. Fifteen cents per number.

PARKE, DAVIS & Co., of Detroit, Mich., have donated one of their Materia Medica Cabinets to the College. It is neatly gotten up, and systematically arranged. We call it well worth the money asked for it.

SALICYLATE OF SODA applied, in solution, to the swollen joints in a case of acute rheumatism, in a boy, was efficient in arresting pain, swelling, and fever. Cover up with oil silk, and renew as often as needed.

THE MEDICAL ANALECTIC is now under the editorial management of Dr. P. W. Amidon. This periodical is valuable to all schools of physicians, as its selections are not restricted in scope. Write for a specimen copy to G. P. Putnam's Sons, No. 27 West Twenty-third street, New York.

THE burning pain of blennorrhagia in women is soon relieved by a 2 per ct. sol. of cocaine applied on cotton. At times, a 4 or 5-per cent. solution is needed to afford relief. Pointed condylomata can be painlessly cauterized, excised or scraped by the aid of the local anæsthetic influunce of the medicament. Locally applied to syphilitic tonsillitis, in mercurial stomatitis and difficulties of deglutition, it affords relief to pain. It is magical on sore nipples of nursing women.

THE juice of the leaves or of the unripe fruit of the fig tree, it is said, will act as a digestive, similar to pepsin, and rapidly reduce a bit of fibrin to a *bouillie*, soluble in water. A drop or two only is needed to accomplish this. If true, we may have something good near at hand.

OIL OF TURPENTINE in diphtheria, in doses of a teaspoenful to children, and a tablespoonful to adults, is the grand remedy now in Germany. A few years ago we saw an article on diphtheria, from a doctor in Minnesota, who had treated nearly one hundred cases of the disease during an epidemic, with turpentine, without a death occurring in his practice. We thought it pretty strongly tinctured; but the Germans are doing fully as well with it, it seems.

THE CENTURY for January is received, and a magnificent number it is, too. The illustrations are superior to those found in any other monthly published in the United States. There is a humorous story by the creator of Uncle Remus—"Trouble on Lost Mountain." All Georgia people will be delighted with it. We have the concluding paper of the City of Tehenan, highly illustrated; an engraving of a feathered reptile, a fossil remains of the past; the second battle of Bull Run, by General Pope, well illustrated, etc. This number of The Century is overflowing with good things.

CIGARETTE SMOKING is actually ruining more boys and young men in these days than any other vice. This vile habit breaks down the nervous system, destroys the energy, and impairs the intellect of the young, from which cause they soon become trifling, shiftless, no-account men. It is less dangerous to play with dynamite than to follow up the habit of smoking cigarettes. If we want to send a boy to the demnition bowwows, we will make him a cigarette smoker.

AGAIN we call your attention to the inestimable value of teaching children and other young persons to fill their lungs as full as they can by determined and persistent efforts, and to exercise the chest and back muscles by manœuvres of the arms, such as thrusting them outward, upward, over-head, downward, etc. This method of treatment is a positive cure for consumption in its incipient stage. It is a cure for nervous diseases, dyspepsia, wakefulness, etc.

BOOK NOTICES

MILK ANALYSIS AND INFANT FEEDING.—A practical treatise on the examination of human and cow's milk, cream, condensed milk, etc., and directions as to the diet of young infants. By Arthur V. Meigs, M.D., Physician to the Children's Hospital, etc., Philadelphia: P. Blakiston, Sons & Co., 1012 Walnut St., 1885.

A couple of years or so ago we noticed at some length the substance of Dr. Meigs' learned paper on this topic, read before his medical society in Philadelphia. Those papers have been amplified and are now presented in this valuable little book. Woman's milk, according to the author, contains only one per cent. of casein, instead of three or more, as is the usually accepted opinion. But to us, the main point of importance in Dr. Meigs' book, is the fact that there is a striking difference in the physical properties of the casein of woman's milk as compared with that of cow's milk, and it is this peculiarity of cow's milk that makes it so difficult of digestion in the infant's digestive apparatus. It is the method of preparing cow's milk so as to make it approach in digestability, as near as may be, woman's milk, that we think important, and Dr. Meigs has done his part well, which, in our opinion, makes the book a valuable contribution to current medical literature.

Dr. Meigs gives the following formula: Cream, 2 tablespoonfuls; milk, 1 tablespoonful; lime water, 2 tablespoonfuls; sugar water, 3 tablespoonfuls. The sugar water is prepared by dissolving 17¾ drachms of sugar of milk in a pint of water.

The practice of sweetening infant's food with cane sugar is radically bad. Starch and cane sugar must be converted into maltose before the economy can make use of them. Milk sugar is nearly maltose, and this latter is said to be an isomer of the former, hence the propriety of using milk sugar for the purpose named. Dr. Meigs' little book will well repay perusal.

ESSENTIALS OF VACCINATION; a compilation of facts relating to vaccine inoculation and its influence in the prevention of small pox. By W. A. Hardway, M.D., Prof. of Diseases of the Skin, etc. St. Louis; Chambers & Co., 1886.

This little book, a reprint of the first edition, discusses very well the various points on matters pertaining to vaccination as a protection against small pox. The author has condensed a great deal of valuable information which will repay careful perusal. Price, $1.00.

PRACTICAL ANATOMY; MANUAL OF DISSECTIONS. By Christopher Heath, F. R. C. S., Holme Professor of Clinical Surgery in University College, London. Sixth edition: Revised by Rickman J. Goodlee, M. S. London., F. R. C. S. Demonstrator of Anatomy in University College, London, etc., with 24 colored plates (reduced from Maclises Surgical Anatomy) and 274 engravings on wood, Philadelphia. P. Blakiston, Son & Co., 1012 Walnut street, 1885.

We have received a copy of this book from the publishers. When we say this is the best guide in the dissecting room we know of, we only express the opinion of well posted, practical anatomists as well. We are pretty well conversant with practical and topographical anatomy; have taught surgical anatomy, and have had much experience in this branch of medicine, so we know whereof we say. We have always preferred Heath as a guide, because he is very clear and concise in his descriptions. Dr. Goodlee has added many valuable notes. The colored plates are valuable and a great help to the student of surgical anatomy. The surgical notes in the text are very excellent. We heartily commend the book.

OZONIFEROUS ESSENCES AS ANTISEPTICS.—Listerine possesses essential properties analogous in their effects to the ozoniferous ethers so highly recommended by Dr. Benjamin Ward Richardson and others as deodorizers and disinfectants for the sick-room, and should be used in the same way—sprinkle over handkerchiefs, garments, and the bed-linen of fever cases. Mantegazza, "On the Action of Essences and Flowers in the Production of Atmospheric Ozone, and on their Hygienic Utility" (*Rendiconti del Reale Instituto Lombardo,* vol. iii., fasc. vi.) as quoted by Fox on Ozone, reports that the disciples of Empedocles were not in error when they planted aromatic and balsamic herbs as preventatives of pestilence. He contends that a large quantity of ozone is discharged by odoriferous flowers, and that flowers destitute of perfume do not produce it. Cherry-laurel, clove, lavender, mint, lemon, fennel, etc., are plants which develop ozone largely on exposure to the sun's rays. Among flowers, the narcissus, heliotrope, hyacinth, and mignonette are conspicuous; and of perfumes similarly exposed, eau-de-cologne, oil of bergamot, extract of millefleurs, essence of lavender, and some aromatic tinctures. He also points out that the oxidation of the essential oils, such as nutmeg, anis seed, thyme, peppermint, etc., are convenient sources of ozone, and concludes that the ozoniferous properties of flowers reside in their essences, the most ozoniferous yielding the largest amount of ozone. It is of such aromatic essences that Listerine is composed, and hence its efficacy under the circumstances indicated.—*The Sanitarian, November,* 1885.

CASES TREATED WITH PINUS CANADENSIS.—1st. Mrs. J. D. mother of three children, had ulceration of cervix, also severe vaginitis. I applied Kennedy's Pinus Canadensis, using a small glass syringe, in a short time she was entirely well.

2d. Mrs. B. N., mother of two children, vaginitis was very severe, also two very bad ulcers on cervix, had been under treatment with three other doctors for two and a half months; applied for treatment June 1st, visited her, found her in a precarious condition, I applied Pinus Canadensis twice daily; visited her again June 10th, much improved June 18th, entirely well. Charged him $21.00 and got the praise of predominating over three old M.D's.

I can't practice my profession without Pinus Canadensis.

3rd. Miss B. age 14, had necrosis of tibea. I applied Pinus, also gave her a tonic treatment; entirely cured her.

Yours truly, W. R. PENNINGTON, M.D.

Sweet Home, Mo., July 31, 1885.

NOAH, COFFEE COUNTY, TENN., August 10th, 1885.

I had a case of Menorrhagia of long standing that had tried almost every known remedy at the hands of sevaral good physicians, without receiving more than very temporary relief. Patient aged 40, very delicate, nervous temperament, subject to paroxysms of neuralgia all over, but more particularly of the head, face and lower extremities. Has suffered with menorrhagia for 20 years. I have prescribed for her for the last six years. Ten weeks ago I put her on "Aletris Cordial," three teaspoonfuls per day for the week preceding and the week of the flow, with "Fellows' Syrup," all the Aperient Pills, as often as necessary, and I am happy to say that the above treatment has given better satisfaction than any or all others ever did, which is largely due to "Aletris Cordial," the others having been used alone before. Yours truly, J. E. CHILDNESS, M. D.

FROM DR. S. W. HUNTER, BALTIMORE, MD.—Having become familiar with "Colden's Liquid Beef Tonic," I take pleasure in recommending it as an excellent preparation, combining as it does FOOD and TONIC in a remarkable way, producing good blood, health and strength.

HUNTSVILLE, ILL., July 28, 1885.

Acid Mannate is the most palatable and painless aperient: it is indispensable as an aperient for women during pregnancy.

A. R. ALLEN, M. D.

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ORIGINAL COMMUNICATIONS.

SHORT-HAND THERAPEUTICS.

BY J. R. HORLAND, M.D., FRANKLIN, PA.

ERYSIPELAS.—There are several varieties of this disease; but the most important, because the most dangerous, to which I shall call attention in this paper, are *E. Phlegmonodes* and *E. Grangrenosum.*

Both are ushered in with shivering, thirst, pain in the back, limbs and head, loss of strength, restlessness, quick pulse, nausea and sometimes vomiting. In a few hours a red spot appears upon some part of the face, or elsewhere, which tumefies and spreads rapidly. It may confine itself to the skin constituting the form known as shingles or rose rash, or dip deep into the areola and celular tissues, constituting phlegmonosis E.; or a vesicle may appear involving the skin and areola tissues, in which gangrene may develop, insidiously and rapidly, in a few hours, constituting gangrene E.

In the phlegmonous variety there is general fever, a hard and full pulse, and coated tongue. The inflamed parts present a dark, purple appearance, terminating in large and extensive abscess, or it may end in gangrene and death.

The gangrenous form is usually attended with a low grade of fever and a weak, depressed pulse, the first variety being of the sthenic, while the last is more of the asthenic type, and it is well to observe this distinction.

In the fall of 1849 there was developed in Western Pennsylvania and Eastern Ohio, a most remarkable epidemic, which was called black E. Its onset would be sudden and without premonition, and many died with it in from two to five days

after the attack. It presented the features of gangrene E., but seemed more malignant. I have no doubt but in these days it would be called *anthrax*. It was the most prevalent and fatal during the winter of 1849–50. Being then a student, and as my preceptor had the reputation of curing every case, (which he did) I had ample opportunity of seeing many of them. The first case occurred about the last of July, 1849. The patient felt a pain in his wrist on Friday, which extended up his arm. On Monday my preceptor reached him, when he was dying and could do nothing for him. In two hours after he saw him, and about seventy-six hours after the attack, the man was dead!

During the fall and winter following, if my recollection is correct, my preceptor treated over one hundred cases, many of which he did not see, and they all recovered. Some of them had been given up by other physicians.

His treatment, although simple, and perhaps we would now call it old-fashioned, was a specific. As the doctor is dead and had no patent on it, I will describe it.

If he was called early in the disease his usual preliminary treatment was a ℞ composed of epsom salts, senna fol., juniper b., anis seed, eup. perfoliatum and menth. piperita. This decoction was pushed to free catharsis, and was followed by five or ten grs. of Dover's pow. every three or four hours, alternating with a teaspoonful of spts. nit. dul., to which 10 grs. of powd. ipecac was added to each ounce. After the subsidence of the fever, about three grs. of ext. cinchona was added to each reduced Dover powder.

In the meantime, the inflamed part was covered with a poultice of chopped rye and whisky, applied cold, and changed or renewed every half hour or hour, as required to keep the part cool. Every time the poultice was changed, the inflamed surface was bathed with the following or a similar lotion: ℞. Pulv. g. camphor, pulv. capsicum, pulv. g. myrrh, pul. sanguinaria, carb. ammonia, aa ʒss; whisky, O. M. Sig. Apply ad. lib.

Under this treatment a week or ten days usually sufficed to cure the most of the cases. The Old School doctors were puzzled and put to their wits end to know how it was done, when nearly all of their cases died with their hot applications of warm poultices, tr. iodine, sol. of nit. silver, and mercurials internally, but none were frank enough to ask for his treatment, although if they could have obtained it clandestinely, they would no doubt

have adopted it. Such are the results of bigotry.

Although I have modified my treatment in accordance with more recent ideas, and by the adoption of some remedies not then used, I have never been able to elicit more satisfactory results than my preceptor accomplished with the simple treatment he used.

The disease being caused by a systemic poisoning--a *materies morbi*—and the local inflammation being one of its manifestations, of course the treatment must be constitutional as well as local. The morbid matter must be eliminated and the local inflammation subdued.

To reduce the fever, equalize circulation and poduce cutaneous elimination: ℞. Tr. aconite, gtt. xv; fl. ex. jarborandi, ʒ ij; aqua pura, ℥ iv. M. Sig. A teaspoonful every two hours. If there be a full pulse, add gtt. 10 or 15 of veratrum vir. to the mixture. If the bowels need moving, give antibilious physic and cream tart. Bathe the inflamed parts with this: ℞. Tr. camph., tr. caps., tr. myrrh, aa ℥ i; spts. frumem, ℥ xii. M. Add pulv. bayberry bark, and pulv. carb. am., aa ℥ ss. Bathe the part with it every half hour or hour, as the poultices (named hereafter) are changed. Make poultices of chopped grain, such as is usually kept in feed stores. Add sufficient boiling water to make it of a proper consistency. Apply cold and change every half hour or hour as they become heated, and apply the lotion as before stated. Meal with bruised carrots or cranberries make a good poultice, and I have treated many cases by applying cloths wrung out of bran water and the use of the lotion. The object of the poultice is to keep the parts moist and cool; and of the lotion, to relieve capillary congestion.

This course should be pursued until the febrile and inflammatory action are under control. Then: ℞. Potas. chlo. ʒ ij; tr. ferri. chlo., ℥ ss; syr. sim., q. s. ft. ℥ iv. M. Sig. Give teaspoonful in water every four hours. ℞. Quinine s., gr. xx; Doveri, ʒ i. M. Ft. pul. m. x. Sig. Give one every four hours in alternation with the iron mixture.

Old School doctors commence treatment with quinine and iron, but my experience is against it, until the fever is in a measure controled.

I had a case in point last winter. An Old School doctor had treated a man with facial erysipelas for five days with quinine and iron, under which he grew worse rapidly, when I was call-

ed. He had high fever with delirium. I placed him upon the sedatives before named, with poultice of meal and cranberries to his face, and in twenty-four hours all the symptoms were ameliorated, the fever and local inflammation under control, and in a week he was well. He and his friends think I was the means of saving his life, and it really looks that way, as a man in the same town and under the same physician, had died with the disease a few years before. He was sufficiently grateful to pay my bill promptly.

To prevent a recurrence of the disease, a course of alteratives and tonics should be used for several weeks or months afterwards. I would just add that aqua calcis is highly recommended by a medical friend as an excellent local application, and is worthy of a trial.

FUNCTIONS OF THE LIVER.

An Excerpt from a Lecture in the College of Eclectic Medicine and Surgery.

BY I. J. M. GOSS, M. D.

It may be remembered that the liver performs three distinct functions:

1. The storing up of glycogen.
2. The oxidation of albuminoids; and,
3. The elaboration of bile. Hence, the liver may be considered a store house and a furnace. As the liver has a separate part to perform in the process of digestion, it is essentially necessary that the stomach perform its part well before the ingesta enters into the duodenum, where it is acted upon by the bile and pancreatic fluid, as imperfect assimilation is a frequent result of deficient hepatic action. When sugar is taken up by the portal vein it is soon converted by the action of the liver into glycogen, a substance much like dextrin in its composition, and is really an insoluable form of sugar. It is in greatest quantity after meals. Hence, but for the transforming power of the liver, the blood would soon be surcharged with sugar, or famishing; for by this sugar furnished by each meal, a sufficient supply being stored up by the liver in an insoluble form, it is gradually given off as the organism requires it. The liver then may be compared to the coal cellar and the granary.

In case more sugar be produced than the liver can re-hydrate or convert into glycogen, then the kidneys are compelled to

throw it off, and this vicarious action of the kidneys constitutes one form of glycosuria. A small quantity of this sugar is common in the urine after meals, especially with some very vigorous persons. But in case it appears in large quantities, it produces the symptoms of diabetes. And when the liver is entirely unable to convert the sugar into glycogen, then we have genuine diabetes, and the body rapidly wastes away. Hence, glycosuria may be considered a species of waste-pipe, or, in other cases, it is the result of grave deficiency of hepatic function, resulting in death, if not arrested.

The second function of the liver is the oxidation of albuminoids. By the pancreatine and gastric fluid the substances of our food are converted into *peptones*, and from these peptones the tissues of the body are replenished or fed, and the surplus is broken up by the liver into glycogen and nitrogenized waste, as *leucin* and *tyrosin*, which by still further oxidation are converted into *uric acid* and *urea*. The liver also burns up worn-out blood corpuscles and tissue *debris*.

Dr. Murchison, in his work on the functional disorders of the liver, points out these two facts:

1. That in the functional disorders of the liver, lithates are found in large quantities in the urine; and,

2. That when a large portion of the liver is destroyed, as by cancer, the amount of urea is largely diminished. It is apparent then that the liver is involved in all those cases of disturbances which are associated with defective oxidation of albuminoids.

Therefore, when we find a large amount of sediment in the urine, we may conclude that there is deficient or defective oxidation, either from the liver having an excessive quantity of albuminoids to burn up, that is, where the patient takes a surplusage of food, or from defective action, so that its function is imperfectly performed. The lithates may be produced in persons whose livers may act well, which is by over taxing the organ by taking an excess of nitrogenized food, as meats, etc.

When the liver acts imperfectly, the kidneys, if functionally active, may cast off the lithates freely, and thereby depurate the blood, and prevent lithiasis in the blood. Then, in cases of lithiasis, it is necessary to reduce the albuminoids taken as food to the smallest quantity requisite for the actual tissue supply. Lithiasis cannot be produced by the use of hydro-carbons without nitrogen, but when the diet is rich both in the hydro carbons

and albuminoids, then the lithiasis may follow. The hydro-carbons are but slowly oxidized when in combination with nitrogen. If the inhabitants of hot climates partake freely of albuminoids, their livers in time are apt to become diseased.

We may now consider what is usually called *biliousness*. There are two distinct conditions called "biliousness."

Indigestion, where, in two hours after a meal, the urine is found loaded with lithates. Such is the case with many persons who live too luxuriously, and where the oxidation is insufficient. This is a common form of dyspepsia. This may interfere with the functions of the liver and kidneys. If the kidneys are very active, they can supplement the deficient action of the liver and throw off from the blood imperfectly oxidized nitrogenized waste and thus depurate the blood.

Persons of dark skin and black or dark hair—bilious diathesis—are subject to a well known form of "*biliousness*". This condition is marked by headache, furred tongue, loss of appetite, unhealthy looking stools, a bad taste in the mouth, with pain or fullness over the liver; the urine not throwing down a sedament, but being high-colored with bile acids. Frequently there will be a bilious hue on the glossal epithelium, from the circulation of bile-acids in the blood.

The bile-acids are two—*glycocholic acid* (C_{28} H_{43} NO_6) and *taurocholic acid* (C_{26} H_{45} NO_7 S.) Both these acids are derived from albumen, and contain nitrogen. The bitter taste of bile is due to these acids. They contain also the sulphur of the bile. These bile-acids are formed by the liver, which is a part of the third function of the liver, and appear as nitrogenized *debris*, and connected with the second function of the liver, as the different functions seem to overlap each other. These bile-acids are forms of albuminoid waste, both contain nitrogen and some sulphur. When these bile-acids are in excess in the blood, and when the bile is not poured into the digestive canal, or is re-absorbed, so as to circulate in the portal veins in excess, then they cause the above well recognized symptoms of "biliousness."

These bile-acids originate from the same source that the lithates originate, viz.: the albuminoids of the food. Hence, if the patient avoid all food rich in albuminoids he cannot be bilious."

These facts show how vain is the too common practice of giving mercurials to prevent or cure this condition.

The very composition of these bile-acids point out plainly their origin and indicate the proper treatment, which is the proper regulation of the diet. Patients thus constitutionally predisposed to imperfect action of the liver, must avoid all meats, and use farinaceous foods, as stewed fruits with cream or milk, with some easily digestible fats, as butter or salad oil. Exercise is necessary also, to promote the more perfect oxidation of the food. More food can be taken in cold climates than in warm ones. In tropical climates the food should be almost entirely the hydro-carbons, and no albuminoids.

TREATMENT.—The saline cathartics are indicated in some cases, as Rochelle salts, in doses of 1 3 three times a day, just so as to move the bowels gently, which will improve the patient's feelings very much. If there still remains a bitter taste in the mouth, a few drops of chelidonium with 30 drops of tinct. euonymus atropurpurus, given every meal, will aid in toning up the liver to its functional action. And as a liver and stomach tonic, 5 or 6 drops of tincture of nux vomica, three times a day, have done well in many cases for me.

The third function of the liver, to-wit: The secretion of bile is aided probably by some of the soda salts. The action of bile is not fully known as yet; it has some effect upon sugar and fats, and doubtless aids the action of the pancreatic fluid upon albuminoids. Aided thus by the pancreatic fluid and the succus entericus, the bile acts upon the proteids, and dissolves and converts them into peptones, and some other products, the starch is converted into sugar, then the sugar into lactic acid, and fats; then the fats are largely emulsionized, and partially saponified. The bile not only aids assimilation thus, but at the same time corrects putrefying fermentation, and acts as a stimulus to the bowels, followed by constipation.

Jaundice is one of the disorders of the liver. The cause of jaundice may be in one case mechanical obstruction of the gall-duct, as by a gall-stone or the pressure of a tumor. For the tumor, but little can be done. For the removal of gall-stones, (which very largely consists of cholesterine) chloroform and ether have been highly praised, as they are known to dissolve chlolesterine out of the body, but success has not always attended their administration. The benzoate of soda and borate of soda are also praised for their solvent powers; 5 grs. of each, every three hours, in water.

Catarrh of the gall duct may be followed by jaundice. Various plans may be successful in this form of jaundice, as emetics, and chionanthus and berberis vulgaris, in doses of 20 gtts. each, every two hours. In fact, chionanthus cures almost any form of jaundice, except that from gall-stones or from a tumor pressing on the gall-duct. The diet consists of milk, soups and gruel, and a poached egg or two.

ABOUT PODOPHYLLIN AND THE INDICATIONS FOR ITS USE.

BY A. B. WOODWARD, M.D., TUNKANNOCK, PA.

For history, principles, etc., will refer the reader to a work by Grover Coe, on "Concentrated Organic Remedies." However, I would not recommend the size of dose, nor the combinations which his book contains. I do not hesitate, however, in recommending B. Keith & Co.'s podophyllin as being uniform in action and reliable, when the conditions of the system require its use.

This remedy is designed for and used by the vital force in pathological conditions of the liver and bile ducts, especially stimulating it to functional activity. Whether it is through the liver that it exerts its action on all the secretions, I am not able to say, but certain it is, that when given in medicinal doses, and at proper intervals, it influences all the secretions, especially the secretion and excretion of bile; stimulates the flow of bile from the liver, and quickens the vermicular motion of the bowels, stimulating their secretions and excretions. In fact, there is no remedy known, whose action on the liver is so sure as podophyllin.

It produces not only a nornal action and secretions, but its normal action is very much longer maintained than from any other remedy whose action is directed to the liver. Instead of its causing the liver to disgorge, and then leaving it in a torpid, languid condition, as does the mercurial preparations, it leaves it in a healthy, active condition. Mercury, the "panacea" of regularism, after mechanically forcing the organ to evacuate its contents, leaves the liver and bile duct seemingly paralyzed, and consequently the bowels become the same conditioned.

Podophyllin, on the contrary, is perfectly harmless. Can be given to the most sensitive infant, if given rationally, and is the

only remedy that will safely and effectually remove gall-stones; showing its wide range of action. I venture to say that all cases of congestion of the bowels are often attended with suspended action of the liver and bile ducts, and in such cases I invariably give podophyllin.

ITS PREPARATION FOR ADMINISTRATION.—Podophyllin should never be given to any person either weak or strong, young or old, except it be triturated with sugar of milk, and it is much better triturated 1 to 30 of sugar of milk than 1 to 3. The reasons for triturating thoroughly is this: It divides the particles, and the more they are divided, the better for the patient, because, unless they are thoroughly divided, they act as a powerful irritant to the coats of the stomach. Again, the higher the trituration, the greater portion of the stomach it spreads over, and requires much less for a mediciaial dose, and acting more mildly on the absorbents. And in this way you obtain just as positive action without the emeto carthic effect and irritation.

MODE OF ADMINISTRATION.—Podophyllin (Keith & Co.'s) triturated, 1 part podo. to 30 parts of sugar of milk, should be given in small and repeated doses, in syrup. In ordinary cases for adults, to stimulate secretion, and influence the liver, say gr. i, every six hours; or in ordinary cases for youths, gr. ss, every twelve hours, the dose and time being continued until the alterative effect is shown by the healthy color of the feces. It is not necessary to first kill a person in order to cure him. The vital force does not do business that way, but by a mild and persistent way, or process. And you can just note, that the vital force dreads to see a "*heroic medicene vender.*" In any case they heap deadly doses upon the vital force to throw out, besides the prostrating effects to overcome from toxic, instead of medicinal doses. And the more especially when the resinoid is in excess. And, by-the-way, I give Keith's preparation the preference because it is uniform.

The indications for the use of podophyllin are known by the coating of the tongue, the pulse, the appearance and corelation of excrement from the bowels. By the urine, eyes and face, generally. The coating of the tongue shows the condition of the blood. If it is charged with bile, it exudates from and shows upon the tongue a yellow cast, especially is it the case when there is a clogging or obstruction in the bile duct, and the bile secretes in the liver to be reabsorbed again and taken into

the circulation. Understand, I am now speaking of what I call the active, bright, yellow coat. If the coating is thick at the base of the tongue, inclined to be brown, or a brownish yellow, rather flaky, it shows blood poisoning, and an inclination to dry up, with prostration, and more or less loss of function of the skin, constipation or diarrhœa, obstruction of the bile duct, and torpid condition of duodenum with morbid secretion of the whole intestinal tube, and the whole glandular system.

In these conditions, the use of podophyllin is indispensable. In any call'd disease whatever, the "vital force" says podophyllin.

If we find passages from the bowels made up with dirty mucous, give trt. podoph., gr. i; santonin trt. in the same manner as podoph., 1 part to 30, gr. i; given in syrup six to twelve hours, for an adult, until the passages from the bowels become bright yellow, and divested of mucous. In rare cases the doses can be increased to grs. ij of each, for each dose. For the bright, active yellow coat the dose of podophyllin, triturated, should not exceed gr. i, and given at bed time alone, or without the santonin.

If the yellowish brown tongue is inclined to dry, add to the podophyllin and santonin 1.10 gr. capsicum.

It makes no difference what name doctor so-and-so attaches to the disease, like conditions require like treatment; conditions are positive indications for remedies. Names are vague and, as a rule, mean simply the befogging of young practitioners, especially those who depend upon their books for thinking, instead of doing their own thinking.

When with the above conditions the pulse is full and oppressed, and the alterative doses of podophyllin fail to act in reasonable time on the bowels, the dose can be increased to grs. ij for one or two doses. Then stimulating enemas to stimulate the peristaltic action in the colon.

If the urine is a brick dust color, it is an indication for podophyllin, in the small alterative dose at regular intervals, as in this condition the liver is not performing its normal function, and the kidneys are suffering from over work.

Yellow tinge of the eyes shows obstruction of bile duct from some cause, as also yellowness of skin about the face and neck. Should this come on slowly, with spells of severe pain in the region of epigastrium, and clay-colored stools, and constipation,

with occasional spells of vomiting, we may suspect gall-stones in the duct. In which case we find an exception to the general rule. The podophyllin will require to be increased to grs. ij to gr. iv every four hours, alternating with each dose of the podophyllin fresh olive oil, ʒ iv, until you get the gall-stone or stones. It is the only process to remove them.

By the above process, I have removed some very large gall-stones. But as a rule, we should never give a dose of podophyllin so large as to sicken any more than we should give a sedative dose of veratrum vir. When the right indications are present, it requires but small doses to have the desired effect; and when indicated it does not sicken, if given in remedial doses. And I would say for the remedy, if administered in such size dose, that it is as sure to produce secretion in the liver, stomach and bowels as remedial doses of veratrum vir. is to produce secretion in the external skin. Thus the two remedies operate to alter the condition of the blood, and the only two that will work kindly together at one and the same time.

PUERPERAL ECLAMPSIA.

BY M. F. DUMAS, M.D., BALD KNOB, ARK.

According to our best authors, Puerperal Eclampsia is divided into three varieties — the hysterical, epileptic, and apoplectic. The most frequent variety we have to contend with is the epileptic. It would be presumption in me to give a detailed description of the disease, as nearly all cases resemble, in their expressions, epilepsy or apoplexy, and are fully described in our text-books. Statistics give us about one case in every four hundred confinements.

According to Churchill, Velpeau, Rosenthal, and others, the fatality is about 30 to 80 per cent. Women are liable to be seized with eclampsia from five months in pregnancy up to and after delivery. The most frequent time of attack is during the first and second stages of labor; some rare cases have occurred a few weeks after conception.

CAUSE.

Authors divide the causes into predisposing and exciting. When we come to specify the predisposing causes, we are compelled to divide into two or more classes. It is of the greatest

importance to ascertain the cause; otherwise we may "add fuel to the fire."

Old authors, and some of our modern authors, claim that increased nervous excitability, engendered by the puerperal state, is the chief predisposing cause of eclampsia. Cazeaux, Braun, Frerichs, Rosenthal, Lenor, Simpson and a few others reject this view, and attribute all cases to acute granular nephritis, whereby a superabundance of albumen is separated from the blood, and the urea retained. Now, both parties are partially correct. In some cases this is undoubtedly the predisposing cause, while in others it is not. There have been numerous cases where no albumen could be detected in the urine, and post mortems revealed no disease of the kidneys. The majority of cases occur in primipara, while a large number of multipara who have albumen in their urine, and rarely have eclampsia. Again, if Bright's disease precedes and accompanies all cases of eclampsia, it is queer that they convalesce so rapidly after delivery. Among the exciting causes we have powerful "mental or moral impressions, vigorous contractions of the uterus, rendered inefficient by some obstacle, rigidity of the cervix, os, and perineum; pressure of the child's head on the obturator and sciatic nerves;" uncomfortable surroundings of the patient, extreme heat or coldness of the apartment; the use of forceps, "meddlesome midwifery," etc.

Dr. Tyler Smith claims that convulsions are not excited by irritation of the cerebrum alone, but by the primary or secondary effects produced upon the spinal marrow, medulla oblongata, or tubercula quadrigemina; and, therefore, that the causes giving rise to convulsions may be either, 1, Centric; such as pressure on the medulla oblongata, from congestion, coagula, or serous effusion within the cranium; loss of blood, morbid elements in the blood; emotion; or, 2, Eccentric; acting on the extremities, etc. (See King's American Obstetrics, p. 554, third edition.)

It is not often the case that we country practitioners can observe the prodromæta of eclampsia; as we are not often called until confinement, or, if previous, not until the convulsions have occurred. Now, if we find a patient *enciente*, complaining of violent supra-orbital headache, nausea and vomiting; also vertigo, flashes before the eyes, ringing in the ears, deafness, swelling of the feet, with aedemæ, puffiness of eyelids and under the eyes, scanty urine, etc., we may be sure that she will have convulsions, unless we prevent them.

In these cases I invariably place my patients on the following: ℞. Spc. eupatorium purpu., fl. ℥j; spc. eryngium aquat, fl. ℥ij; spc. Macrotys rac., fl. ℥j; simple elixir, q. s. to ad. fl. ℥iv. M. Sig. A teaspoonful, four times a day, three hours apart. Also, from x grs. to xxx grs. hydrate of chloral at bedtime. This treatment will cause the kidneys to do their duty, and remove the albuminous condition, prevent eclampsia, and she will have an easy confinement. The hydrate of chloral at night will also assist in quieting nervous disturbance and prevent convulsions. In some cases bromide of potassium may be given with the chloral. In these cases meats should be prohibited, and the woman confined to a light diet—mostly milk. If convulsions should set in before confinement, and the patient has had no treatment (preventive), let her inhale chloroform, if they are hysterical, and place her on the above treatment; if they are epileptic, she should have bromide of ammonia, potassium, lithium, and calcium; if apoplectic, use injections of comp. tr. lobelia, in sweet oil, and hypodermic injections of spc. gelsemimum, 20–30 gtts.—and deliver her, provided it is near her time, by dilating or introducing a rubber male catheter into the os five or six inches and rupturing the membranes. Chloral hydrate per rectum; comp. tr. lobelia per rectum; hypodermic injections of gelsemimum, are all good. Inhalations of chloroform will aid us. Now and then we may find a case requiring hypodermic injections of morphine, with 1-100th gr. sulp. atropia. But inhalations of chloroform, chloral; or comp. tr. lobelia per rectum, or spc. gelsemimum hypodermically, are our sheet-anchors. If convulsions appear after delivery, the same treatment is applicable, and particular attention must be paid to drawing off the urine.

Now, in my whole practice, during thirty years, I have only had two cases of puerperal eclampsia, and had but little trouble with them; controling the convulsions right along, and both having a good getting up. I have used the preventive treatment on several who, I have no doubt, would have had eclampsia but for said treatment.

December 29, 1885.

RECTAL WORMS.—If you ever get a case of rectal worms, which nothing else will relieve, try this: ℞. Po. cape aloes, ℥j; barley water, Oj. M. Inject half at night and the other half in the morning, after the bowels have been cleansed with a cathartic.

A CASE OF MALARIAL HÆMATURIA.

BY J. H. HAND, M. D., MILLFORD, GA.

Rev. Mr. C—— called me one evening to come immediately—thought his little son had yellow fever. Went over, found my patient to be about twelve years of age, and of a delicate organization. Made an examination, and elicited the following history of the case: Patient had been suffering at intervals for about three months with slight chills and fever, which were easily handled with quinine and common diaphoretics. The morning preceding attack he had been out helping to dig potatoes. In the afternoon complained of slight indisposition; went out and returned in a few minutes, saying that he had had hæmorrhage. Examination made the following revelation, viz: Pulse 140, artery tense as a cord, blood rushing through without proper contraction; skin quite yellow, with a decided glossy appearance; conjunctiva very yellow; cornea and pupil quite natural; nausea extreme, vomiting continually; glandular system, as far as examination could reveal, was in a hardened and shrunken condition; hæmorrhage dark and grumous, quite often and profuse; litmus test presented a slight acid reaction; complained of pain and soreness in lower portion of bowels and back, over kidneys; extremely restless, tossing, sighing, and rolling from side to side. Although litmus gave a slight acid reaction, I determined to impress his system with an acid, and thereupon prescribed dilute sulphuric acid (1 to 12), in doses of 7 to 8 gtts., three times a day. I placed him upon veratrum, gtts. xx; aconite, x; aqua, ℥ ii. Dose, 1 teaspoonful every two hours, to be alternated with tinct. lobelia; tinct. opii camph.; spts. nitre, aa; fl. ext. valerum, one-fifth part. Dose, ½ teaspoonful every two hours. Tr. gelesemimum as nervine; dose 15 gtts. every four hours. Quinine and iron q. s. in pill form. Had patient's bowels and back bathed in hot and stimulating applications.

Called next morning; found patient more restless, with all symptoms a little more aggravated. Had consultation, which determined that above treatment was proper, and should be continued. Toward evening, pulse rose a little—some five or ten beats; patient became more restless, tossing, and talking of distant places, of scenes he had witnessed, making calculations in arithmetic, and talking of every conceivable thing that could haunt an excited brain. Patient dozed at short intervals, but

there was no decided or refreshing sleep. I examined his eyes closely, but there was no dilatation or contraction of pupils perceptible; so I increased my gelsemium; added pressiflora, and continued my treatment as before.

By morning, hands and arms were cold; hæmorrhages were not so frequent or profuse, evidently the kidneys were gradually ceasing to perform their functions; delirium more marked, and all other symptoms more aggravated. By 10 a. m. there came a respite; pulse reduced several beats; patient slept soundly half an hour, became more rational; hands and arms were warm, and in every way he seemed better; but this state of affairs was of short duration. In an hour pulse began to rise rapidly; nausea, vomiting and restlessness more intense; delirium became profound; the pupils of the eyes were dilated and the cornea became bright and glazy; the skin assumed a slight greenish hue, and the extremities, head and neck were convulsed with spasmodic contraction of the muscular system. I timed patient's pulse with fair accuracy till it reached near 150, but it rose higher and was soon lost to all efforts of human computation. For thirty-six hours, his system had withstood the storm and fury waged against it; he had fought with heroic fortitude, but now the climax was approaching—dissolution was evidently staring my patient in the face.

I thought over the situation rapidly, and determined, if possible, to controul that exalted circulation and wild delirium. I laid aside every article of materia medica, except veratrum, and added hyosciamus, and proceeded to administer veratrum gtts. iii, hyosciamus gtts. 1, every hour. I drenched him at each spell of nausea and vomiting with hot water, to cleanse his stomach and aid in vomiting. For four long hours I fought back the enemy with these fine remedies alone. The pulse stood now firm at 130, the artery placid and undergoing the proper contraction; skin smoother and moist; nausea declining; vomiting seldom; countenance shrunken; eyes more natural, and patient sleeping at intervals of half hour. Kidneys had not acted in ten hours, so I prescribed tr. buchu (comp.) ℥ii; spts. nitre dlulc. ℥ss; dose, 1 teaspoonful every four hours. According to the indications, I now placed patient, for the evening, upon veratrum, gtts. xxx; aconite, gtts. x; aquæ, ℥iv; dose, 1 teaspoonful every two hours; quinine and iron as before directed.

Visited patient about 10 a. m. on next morning; found pulse

reduced to 120; discharge from kidneys clearing up: it was now a thick fluid of yellow cast, abundantly filled with albumen and shreds of the mucous coats; nausea and vomiting reduced to minimum. Patient now became quite irritable, and was with great difficulty confined to cover. Placed him upon Fowler's solution of arsenic; dose, gtts. 11 every six hours; veratrum, gtts. xx; aconite, gtts. x; aquæ, ℥iv; dose, 1 teaspoonful every two hours; tinct. buchu, ℥ii; spts. nitre, ℥ss; dose as before; quinine and iron as before.

Called on morning of the fifth day. Pulse reduced to 115; patient resting nicely; had spent a good night; slept nearly all night without interruption; was now considerably exhausted; sleeping continually, and with eyes half open; nausea and vomiting gone; bowels, which had acted freely up to the third day, had become constipated; moved them with syringe; placed him upon stimulants and nourishing diet. Continued my treatment as before, making such alterations as the condition of the patient demanded.

Patient made rapid strides from day to day, growing stronger, with all symptoms of disease rapidly disappearing. I dismissed him on tenth day, free from fever, and clamoring for something to eat.

CASES IN PRACTICE.

BY R. M. AUTEN, M. D., ELLIJAY, GA.

As it is not my style to give a long preface to anything, therefore I shall not attempt to do so now. I will give you a few cases that I have met with while in this mountain country, with the treatment, etc.

CASE I.

A man, aged twenty-five, was taken with a chill followed by high fever. Saw him the third day after he was attacked. His pulse was 110; temperature, 102½°; tongue, dry, with red edges, brown coated base; and perspiring freely—the perspiration began soon after the fever came on; the pupils of his eyes were somewhat dilated. Treatment was as follows: Sp. tr. bell. fl. ʒij; sp. tr. aconite, gtts. xx; aquæ, ℥iv. M. S. Teaspoonful every half hour; also, ℞. Podophyllin, grs. ij; hyd. chlo. ammo, grs. xx; lobelia sem. pl., grs. x. M. Ft. Charts x. S. One every three hours. Second day, found the pulse fuller and down

to 85; temperature, 98½; skin dry; tongue moist. Then gave R. Podophyllin, grs. j; hyd. chlo. ammo., grs. xv; quinia sul. grs. xx. M. Ft. Charts vj. One every three hours. The fourth day I discharged him, and in ten days he was able to make a trip of one hundred miles and back without any relapse.

SECOND CASE.

A girl, eight years old, received an injury from a fall, and for two days went around as usual, only complaining of some soreness in her right epigastric region; but on the fourth day was so completely paralyzed that she could neither move hand or foot. Two days afterwards I saw her. She was suffering from great tenderness all along the dorsal portion of the spine; the pupils were dilated so as to almost fill the dark space; mouth and throat dry; pulse irregular; bowels constipated; urine very scant. I prescribed v gtt. doses of sp. tr. of belladonna every three hours, and on the second day called again, and to my surprise was up, able to walk; the pupils were almost normal in size; her cirulation good; but little tenderness along the spine; bowels and kidneys performing their proper functions. Discharged the case. I call this a plain test of specific medicine.

ANTIPYRETIC.

In looking over the October number of your valuable Journal I see a very lengthy and learned discourse on Antipyrin. The author says: "While hitherto no known remedy approaches this as a reducer of temperature, it is yet not the ideal antipyretic. The bulk is too great; it tastes badly," etc. Has our friend ever used that old-time honored remedy known as Asclepias Tuberosa? I think not. He is like a great many of our learned M. Ds. He is following after new remedies, and leaving the old, tried stand-bys in the background. Let us look at Asclepias tub. and see what it is. We find it growing all over the country, of easy access; of present help in time of trouble. Why is it called Pleurisy root? Because of its antipyretic properties. Given in pleurisy, it antidotes the trouble by equalizing the circulation, thereby reducing the temperature. It is certain; it is safe!

While I am a strong advocate of Progressive Medicine, and love to see all new remedies fully tested, I am compelled to hold in high esteem all the old-tried ones that have stood the test for ages. For convenience I use Asclepidin. In remittent fever, I combine it with quinine and gelsemium; never wait for the fever to abate. I give the above, and make it abate. In pneumonia,

I combine it with mur. ammo. In typhoid fever, I combine it with leptandrin, in small doses. Just here let me call your attention to one thought: Leptandrin in small doses is one of the best tonics we have. You need not fear to give it in typhoid cases on account of its purgative effects, if given in small doses, for it will not irritate the intestinal tract at all. In my experience of nearly thirty years, I have never had cause to regret giving Asclepias in any case I ever used it. It always does the work assigned it, with as much certainty as sulph. magnesia will produce purgation.

My object is not to criticise the article referred to in your October number; but to call the attention of the profession to some of our old time-worn and time-honored remedies. Let *them* have full justice done them.

ALCOHOL VS. FERMENTATION.

BY R. T. HILLMAN, M.D., SENOIA, GA.

An organic mass in a state of effervescence by chemical regulations controling fermentation, contains alcohol in complex conditions, but after effervescence ceases and the more weighty material is collected from the remaining clear liquid, it is readily obtained by distillation.

The composition of alcohol is equal to $C_4. H_6. O_2$. Grape sugar alone yields alcohol, a given amount producing 4 equivalents of alcohol, 8 of carbonic acid, and 4 of water. The sugar of milk will not produce alcohol until after its conversion into grape sugar.

It has never been known to freeze, and boils at 170°F. . It has a strong attraction for water, absorbing even the vapor from the atmosphere, which fact gives it an extensive use in preserving animal and vegetable tissues from putrefaction. Alcohol dissolves urea and various saccharine substances.

In considering alcohol as opposing fermentation and placing the two in contiguous associations, it is necessary to know something of the nature of the former, with a knowledge of the chemical process of the latter.

An indispensable requisite in the fermentative change is the azotized or nitrogenized substances belonging to that class of albuminoids which, in a moist condition, undergo spontaneous putrefaction. In the process of wine making the albumen of

the fruit, by the action of the atmospheric oxygen, becomes the ferment, and thus becomes the process of decomposition.

Good bread is due to the part the yeast plays in converting the small amount of sugar the meal contains into alcohol and carbonic acid, the former being dissipated by the heat of the oven, while the same cause forces the gas through the adhesive particles of dough, thus producing bubbles which make the bread light. It is to be observed that as soon as fermentation reaches a degree that pure alcohol can be obtained by distillation, the process almost immediately ceases, and now for the practicable application of this agent in morbid conditions.

When food is taken into a healthy stomach, its presence excites into greater activity the secretory functions of that organ. The process of chymification being complete, the food passes on through the pylorus, there coming in contact with the bile whose disinfectant properties prepare that portion of the chyme not absorbed by the chyliferous vessels, for its twenty odd feet journey, without its taking on a morbific putrefaction, intestinal peristalsis being the motor power. But not so when the gastric functions are impaired.

Food being taken and chymification being incomplete, the gluten of the mass becomes the fermenting nucleus, this peculiar metamorphosis begins, and by the heat in the stomach, with the fermentative change, carbonic acid is evolved. Hence, the eructations or belching of dyspeptics. Sometimes this fermentation does not occur until after the food has vacated the stomach, which, in this case, must be due to either a deficiency of bile or retarded peristalsis due to atony of those nerves controling this peculiar function and the secretory power of the intestinal villi. Subjects of this diseased condition are great sufferers from colic. The gas evolved from the fermentation finding no ready egress, distends the bowels to a painful and almost intolerable degree. The relaxation afforded by flexing the thighs upon the abdomen sometimes gives partial relief, and the patient tells you he has cramp colic.

The term bilious colic is an appropriate epithet, but it is unlike the above, being due to increased biliary secretion and reversed peristaltic action, the bile is thrown into the stomach where its influence upon the vagus produces a sense of nausea, followed by vomiting and some relief secured.

The large per cent. of diastase contained in flour bread makes

it objectionable diet when the stomach digestion is not good. Potatoes, too, should be abstained from, and I have known a teaspoonful of molasses to produce violent colic in a few hours. Corn bread plain, and in the shape of muffins and batter-cakes, can be taken freely. Eggs boiled done are to be commended; and skimmed milk should take the place of coffee.

The soluble influence of alcohol over all saccharine substances induces this prescription: R. Tr. myrrh, tr. gentian, aa ʒ iv; podophyllin, grs. ii; good rye whiskey, q. s. ʒ viii. M. Ft. Sol. Sig. Shake well and take desertspoonful before meals and at bed time, in but little water.

The effects of this fermentation upon the kidneys and liver, and the increased production of urea, will not be considered at this time, but will, perhaps, engage our attention in future contributions.

ECLECTIC MEDICAL ASSOCIATION OF ARKANSAS.

The sixth annual session of the State Eclectic Medical Association of Arkansas was held in the parlors of the Wordsworth Hotel, Little Rock, on the 20th and 21st of May, 1885. The attendance was much larger than at any previous meeting, and the interest increased much beyond that usually had. President Pruitt, with his usual dignity, presided over the meeting. Secretary Browning did good work in keeping up the minutes. Many important and interesting papers were read, and discussed at length. The roll of membership was materially increased, and now embraces many of the best physicians of the State. By next meeting we hope to get them all, and send fifteen delegates to the National Association at Atlanta. The Eclectics, with liberal and free thinking people of the State, are to be congratulated on their defeat of the State Medical Board bill.

The following are the officers for 1885–'86: J. W. Pruitt, president; D. J. Warren, first vice-president; R. D. Browning, second vice-president; E. H. Stevenson, secretary; J. M. Park, corresponding secretary; R. H. Gardener, treasurer; J. H. Furgerson, Jacob Goode, and G. F. Foster, censors.

Drs. Furgerson and Wall were elected delegates to the National at Atloona, Pa.

The Association, after being incorporated under the laws of the State, adjourned to meet in Little Rock, on the third Wednesday in May, 1886. E. H. STEVENSON, Secretary.

We hope brother Secretary will be more prompt in reporting next meeting.—ED.

CORRESPONDENCE.

LAMPASAS, TEXAS, February, 1886.

Editor Georgia Eclectic Medical Journal.

SIR—I have received the enclosed circular, one of the lot having been mailed to every Allopath in the State of Texas, so far as I can learn. The liberal physicians of Texas vanquished, in a fair and open fight, in the last session of the Legislature, their enemies—the so called "regulars"—who were endeavoring to their utmost to have the so called "Daniel" bill or one similar, made a law. The Allopaths found they held a very low place in the estimation of the most intelligent and candid members.

Here is the "Quackery in Texas" circular:

QUACKERY IN TEXAS.

DENISON, TEXAS, November 15, 1885.

DEAR SIR:

I am desirous of collecting for our State Medical Association, all possible evidence against irregular doctors. Mistakes, blunders and mal-practice, either ludicrous, serious or fatal are especially asked for. Anything showing incompetency, lack of education, want of fitness, in medicine, surgery or obstetrics, will be gratefully received.

Names, dates, or localities are not of so much importance as facts, and might be omitted. Every neighborhood has its interesting item, and I would be much obliged to you if you will detail yours. This information may be utilized by the Committee on Legislation in securing the passage of an act creating our long wished for Health Board.

Hoping a speedy answer, I remain

Yours,

ALEX. W. ACHESON.

What can excell this for cheek? What can beat it for downright meanness?

The Allopaths seem oblivious to the patent fact that we can report more cases of "regular" quackery and mal-practice in Texas fifty to one, and we will take care that the Legislature shall see our report, which will be well substantiated. But note the method of warfare: "Names, dates or localities are not of so much importance as 'facts,' and might be omitted"!! This is a clear indication that a general system of fraudulent reports will be made; manufactured evidence is bid for. This is guer-

rilla warfare! This is Allopathic morality, Allopathic courage! Texas must be closed against the liberal profession. No more rivalry; no more competition!

Are these the kind of men that intelligent and honor-loving people will trust with exorbitant and irresponsible power? Are these the men the great State of Texas will empower to sit in judgement and wield arbitrary authority over the medical profession of this State? Never!

By-the-way, have the Allopaths of Texas heard of the recent decision of the Appelant Court of Illinois, on the power of the Illinois State Board of Health with regard to "regulating" the medical profession of their State?

Every liberal physician is earnestly solicited to associate himself with our State Association for mutual aid and protection. We must not allow the "regulars" to steal a march on us as has been the case in several other Southern States. We must be united in solid, compact, organic union to meet the enemy on his own ground.

Brethren of the liberal medical profession, the enemy hates us because he fears us. Our destiny is Conquest and Empire. Nothing can prevent it if we are loyal to our own cause and stand up manfully to our convictions!

J. N. ADKINS, M. D.,
President Texas Eclectic Medical Association.

ABSTRACTS.

CHRONIC METRITIS.

BY J. W. PRUITT, M. D., RUSSELLVILLE, ARK.

One of the numerous ills most frequently encountered of the Pandora's box of disease, the human uterus is that designated by medical writers Chronic Metritis, Chronic Parenchymatous Inflammation, Diffuse Proliferation of Connective Tissue, Areolas Hyperplasia, etc. The term chronic metritis, from a pathological point of view, is not correct; as a chronic inflammation of the muscular fibre of the uterus has never been demonstrated; besides, the affliction is rarely, if ever, the result of acute inflammation. Clinically, the term is one of convenience, rather than the expression of a pathological state; as it may include originating cases from different causes, but presenting the same clinic features.

The morbid process described in chronic metritis consists of a development of connective tissue, out of proportion to that of the muscular fibre, which remain normal or is but little increased in quantity.

The application of the term chronic inflammation to the process may be objected to as misleading, as it implies a previous acute stage, as before remarked. The process may be more correctly described as an increased tissue-formation, dependent on long-continued hyperæmia ; but the term is applied to the process producing similar changes in other organs, as cirrhosis of the liver. Chronic metritis produces, in fact, cirrhosis of the uterus.

Subinvolution of the uterus may be classed under this head, as apart from the clinical history ; it is not possible to diagnosticate between it and chronic metritus, the former being maintained by the latter, the treatment being the same in both conditions. The above remark is intended to apply to a condition that exists after a considerable period of time had elapsed from the primary inception of the disease. But "primarily speaking," says Thomas, "as a very general rule, areolar hyperplasia, the so-called chronic parenchyomatous inflammation, is a consequence of subinvolution."

The pathological condition in the cases designated are different ; in one, there is increase of connective tissue ; in the other, an arrest of that retrograde metamorphosis of tissue by which the womb returns to its normal state after labor.

PATHOLOGY.

As may be inferred from what has been said, the condition of the uterus depends upon the duration of the disease. In the first stage the organ is enlarged, hyperæmic, and soft ; in the last, indurated, anæmic, and hard, the enlargement being uniform, so that the form of the womb is not altered. On section, the tissue is soft and hyperæmic, in the early stage ; firm, cartilaginous, and of a whitish color, in the latter. The uterine walls are thickened, and the cavity increased in size.

For an exhaustive discussion of this part of the subject, the reader is referred to the works of Thomas, Klob, Hewitt, J. Hughes Bennett, etc.

CAUSES.

Although the vast majority of cases are due to interference with that retrograde metahporsis, occurring in the puerperal state

called involution, still the causes may be grouped under two general heads, namely:

I. Those that interfere with normal involution; as retention of portions of the placenta, membranes, or blood-clots, laceration of the cervix, pelvic inflammation after labor, a too early getting up after delivery, non-lactation, repeated miscarriages.

II. Those that produce repeated or protracted congestion of the uterus; as displacements of the uterus, pressure of the distended rectum or bladder, or tumors in or near the uterus—anything that will cause an increased flow of blood to the uterus; as endometritis, too free use of escharotics, and excessive sexual intercourse.

SYMPTOMS.

A patient, we will suppose, calls upon us and says: "Doctor, I have come to talk to you about my health. I'm out of fix all over, and I want you to try and do something for me."

"Well," says the doctor, "tell me the history and symptoms of your trouble."

Patient—I've got the backache all the time; and dragging and bearing-down sensations, and I have the whites; I reckon you know what it is? (The doctor nods, with a good-humored smile.) And I'm unwell too often and too much so, and it keeps me weak and feeling bad all the time. The fact is, I ain't had no health since my last baby was born. I was a long time getting up.

Doctor—What is the condition of your bowels?

Patient—Costive the most of the time; and it hurts me to make water—it's of a burning and smarting nature.

Such, in brief, is a very vivid description of nine out of ten cases that present themselves for treatment to the average practitioner in country and village; and, aside from a prescription of iron and bitter tonics, and an astringent wash, nothing else is done.

The patient, after trying the treatment a month or so, gives up in despair, and concludes her case is one the doctors can't cure.

Upon making a physical examination with digit and speculum, the uterus will be found enlarged and tender to the touch, lower than natural, ante or retro-flected or ulcerated, while a leucorrhœal discharge from the canal of the cervix, together with any or all of the complications mentioned below may be present.

PROGNOSIS.

Under the old plan of treatment the prognosis is very unfavorable. Indeed, no less an authority than Professor Thomas says:

"'Under a course of local treatment, combined with one conducted with special reference to the general system, hope may always be held out that, although restoration of the uterus to its normal condition may not be effected, the evils resulting from the complications of this disease can be so fully controlled that comfort will be obtained."

TREATMENT.

In the treatment of this disease one or more of the following complications may be met with, and must be removed by special treatment if necessary, if we are to effect a permanent cure; but the treatment I shall recommend, where a cure is possible, removes them in the majority of cases.

COMPLICATIONS.

Laceration of the cervix, displacements of the uterus, fungoid degeneration of the endometrium, granular and cystic degeneration of the cervix and vaginitis.

We begin our treatment with a course of instruction in hygiene, impressing upon our patient the necessity of perseverence if a cure is to be effected. If she is nursing, we advise the weaning of the child as soon as possible; that all marital acts be suspended, and send the husband off on a protracted hunting or fishing expedition, and make him sleep by himself when at home, etc. At the same time, we have our patient use the tepid salt water bath twice a week, followed with brisk friction, with hot water 100 to 120° Fah.; vaginal injections twice per day, using a pump-syringe and a gallon or so of water each time. The patient may stand over an empty vessel to catch the water as it flows from the vagina, while it is pumped in from another.

The bowels should be regulated by the diet, making use of cracked wheat or oatmeal mush, Graham bread, fruits, succulent vegetables, and the like. If this is not sufficient, warm salt water enemas may be employed. If medicines have to be given, the fluid extracts of Cascara sagrada, Euonymus, and Leptandra may be given in teaspoonful doses, three or four times per day, till the bowels become regular. We advise the patient not to worry or fret about anything, but to cultivate a pleasant state of mind by diversion and exercise.

We now proceed to put her upon systematic treatment, using those agents that are supposed to have a direct tonic and alterative effect upon the womb; as Aletris farinosa, Senecio aur, Caulophyllum, Macrotys, Berberis aquifolia, Polymnia uvedalia, with

iron in some form, if there be anæmia. I prefer the citras, or tincture ferri, given in a solution of soda bicarbonate. Various combinations of the above agents may be made, changing them from time to time as they seem to lose their effect.

LOCAL TREATMENT.

Various agents have been made and recommended as local applications to the os uteri; as argenti nitr, potassa fusa, iodine, bismuth, etc., but, in my hands, none of them have ever been productive of any good, or very little.

The agent from which I have derived the most benefit is the fluid extract of Sanguinaria canadensis. I use it with glycerine in various proportions, as seems adapted to the case. At night, before the patient retires, I saturate a lock of cotton with the extract or, what is better, a soft, well-bleached piece of fine sponge of suitable size and shape, then with a Ferguson's speculum place it firmly against the os, and over this a dry lock of cotton. A piece of twine attached to the first plug will be found convenient for withdrawal. Let it remain until next morning, when the patient can remove it, and use the hot water injection afterward. Other agents may be used as indicated; as belladonna, aconite, carbolic acid, etc. Care must be exercised in the use of these agents, carefully studying the special indications of each, and using them with caution. In some cases the Sanguinaria will cause quite a flow in a few days, of blood, pus, or both; when, of course, the medicine and injections should be stopped for a while.

If the patient has been in the use of iron for quite a while, the sponge or cotton will be found blackened upon withdrawal; indeed I am not sure but the too free use of iron has aggravated, instead of benefitting, some cases.

The effect of the Sanguinaria will be to heal all erosions, and ulcerations, and, in some instances, cause the healing of laceration of the cervix. By its stimulant, alterative, and catalytic (?) action upon the morbid uterine tissues, it removes them by absorption, and promotes retrograde metamorphosis, as manifested by the discharges found upon the dressings—an essential element in the cure of the disease. By the timely use of this agent, and the others named, either alone or combined as indicated, I believe a larger per centage of cases can be cured than by any other method; and to call attention to it is my apology for this otherwise unnecessary article.—*From advance sheets of the forthcoming volume of Transactions of the National.*

TUMORS—TREATMENT OF DECLAT'S PURE PHENIC ACID.—F. Gray Blinn, M. D., Lansing, Michigan, in American Medical Journal:

CASE I.—A. S.; widow, age 65; affected with glandular enlargements in the neck. The submaxillary glands were the seat of the disease and were in size and texture as large and hard as a good size green apple. My treatment was subcutaneous injection of Declat's hypodermic solution of pure nascent phenic acid.

I gave twenty injections of 80 minims alternately in the tumors themselves and in the abdominal celluar tissue. After the first ten injections had been administered the tumors began to soften and had diminished in size about one-eighth of their bulk. At that time the lady was called home to the South on account of the fatal sickness of a relative. She was so elated at the results attained that she expressed her determination to go on with the treatment at her home in Louisiana. I advised her to take Declat's syrup of iodo phenique in teaspoonful doses as an alterative.

CASE II.—About the first of May last I was called in haste to see a married lady, age 26, supposed to be suffering with diphtheria. On examination I found high fever; eyes injected and of a yellowish hue; sharp pains at the base of the brain, with great restlessness and a feeling "as if the neck would break off," as the lady expressed it; also considerable acute inflammation in and about the ovaries, with intense sharp pains darting down the thighs; tonsillitis of a mild character, with a superficial ulcer on the left tonsil. The usual remedies were administered and hot flaxseed poultices applied to abdomen and back, which afforded relief.

At a subsequent visit I acquired a history of the case, which was as follows, viz.: Six years previously she had an attack of peritonitis, shortly after the birth of her first child (she having had two miscarriages subsequently, one of six months, the other of three months development). After recovery from this attack and up to the present time there has been tenderness on pressure of the abdominal surface. She has also experienced at the menstrual period a series of epileptiform spasms, recurring periodically and generally accompanied with some such symptoms (minus the tonsillitis) as she had just been afflicted with. She had noticed at times a difficulty in urinating with occasional sharp pains darting through the bladder. In fact there have

been times when she was unable to pass water from twenty-four to forty-eight hours at a time. All kinds of medical treatment had been submitted to, but without material benefit. Two years ago she observed a tumor about the size of a hen's egg in the right ovarian region, which showed itself occasionally, but could be felt most of the time when she was sitting in her chair. Some physicians had diagnosed a fibroid of the broad ligament; others a right ovarian tumor. One medical attendant diagnosed an abscess of the liver, which he was anxious to open, but to which she declined to submit.

I gave the lady one subcutaneous injection daily of 80 minims of Declat's hypodermic solution of pure nascent phenic acid, and up to date have given twenty in all, with the following result: total disappearance of spasms; a gradual diminution in size of the right ovary; and she informs me that she begins to feel as she did when a school girl, some fifteen years ago. Last summer she kept her bed for five months, and now she does some housework, sews, and takes a short walk each day.

I have used, in connection with the subcutaneous injections, and besides the usual remedies indicated, Dr. Schussler's inorganic tissue cell salts, with good results in subduing local symptoms. For retention of urine I advised warm baths, hot fomentations over kidneys, together with warm injections of Declat's glyco-phenique, diluted with water, per rectum, with beneficial results.

The above are two, of many cases, which I have treated by the antiseptic or Declat method, and which, in my hands, has produced brilliant results in disorganizing abnormal growths, subduing congestion, inflammation and tendencies towards septic poisoning.

The essential for success is a pure phenic acid, which crystallizes always in long needles, and never in masses as sold in the drug stores. It is not the phenic acid which produces poisoning; it is the impurities combined with it that renders it dangerous. Who would dare to administer forty grains of the phenic acid found on the shelves of drug stores? And yet Declat's pure nasent phenic acid has been and can be given in heroic doses without fear. The late Dr. N. F. Cooke took, by mistake, twenty-four grains of Declat's pure phenic acid at one dose, without any untoward result, using only large draughts of water to dilute the acid in the stomach. In Bellevue Hospital, and in

the practice of Dr. J. Robie Wood, 40 grains have been given, in divided doses, during the twenty-four hours, with beneficial results.

Since preparing the above clinical record for publication, I have had a case of abortion under treatment, which will doubtless prove of interest to the profession. The abortion had been induced by the use of the uterine sound in the hands of the lady herself, together with teaspoonful doses of gossypii radicis corticis. When called I found the patient flowing profusely, with small, weak pulse, flushed cheeks and a debilitated condition. I administered secale cornutum and the usual adjuvants, but to no purpose. I tried packing the vagina with ice, which nearly terminated fatally, throwing the patient into spasms. I had a part of a bottle of Declat's hypodermic solution of pure nascent phenic acid, and a bottle of Declat's syrup of the same, in my satchel, and under the impulse of the moment gave two subcutaneous injections in the abdomen, of 80 minims each, of the injecting solution, and teaspoonful doses of the syrup internally. I also injected 40 minims into the uterus, by means of a uterine syringe. The result was phenomenal, to say the least; beyond a few twitchings of the muscles there was no bad symptoms, and it is needless to say the hemorrhage was controlled and the lady convalesced rapidly.

Nov. 15, 1885.—I have permission to publish the name of the lady, who is now entirely cured of the ovarian difficulty. It is Mrs. John Rork, of North Lansing, Michigan.

M. PASTEUR'S TREATMENT FOR HYDROPHOBIA.—(Scientific American) The operation of inoculation consists simply in injecting virus under the skin by means of a hypodermic syringe. Ordinarily, it produces no illness or unpleasant results of any kind.

The first step in the preparation of the virus used in this operation is the inoculation of a rabbit with a fragment of tissue taken from the spine of a rabid dog. The hydrophobia microbes contained in this tissue, by introduction beneath the skin of the animal, or preferably into its brain, penetrate the entire system and communicate the disease. The animal becomes mad. The incubation of the poison occupies fifteen days. As soon as death occurs, a portion of the spinal marrow of this diseased rabbit is introduced into the second rabbit; from the second

rabbit matter is taken with which a third rabbit is inoculated; and the process is continued until sixty animals in all have been treated. The power of the hydrophobia virus increases with each inoculation, so that the last incubation of the sixty operations occupies but seven days. On the other hand, the power of the virus is diminished by dried air, so that different degrees of strength are obtained by keeping the spinal marrow of the inoculated rabbits in bottles of dried air. In beginning his treatment, therefore, M. Pasteur inoculated the shepherd boy with old tissue, the strength of which had been attenuated with dry air.

Gradually the strength of the virus was increased, until at the last injection, at the end of about a fortnight, the tissue employed had been bottled only two days. The period of incubation of the last inoculation did not exceed a week, but the system of the patient had been brought up to such a condition that it could receive such powerful virus without injury. This treatment not only prevented the development of rabies in the patient, but as M. Pasteur assured him, gave ample protection against the attacks of any other mad dogs for a year at least.

In almost all cases, M. Pasteur's treatment has so far been successful. He has recently inoculated three children who came to him from Algeria, two months after having been bitten. They have now returned to their homes and are in perfect health, though the death of one of their comrades before they started for Paris gave unmistakable evidence that the dog was rabid. It may, of course, be possible that the virus of the mad dog did not reach the two children who are living. There are at present no less than sixty-two persons under treatment by M. Pasteur, for hydrophobia. One patient, a young girl, who was bitten by a mad dog and subsequently inoculated, has died of rabies; but as thirty-six days elapsed before she was operated upon, the period of incubation had expired, and the treatment came too late. Though this case shows the necessity of prompt action, it does not detract from the value of the system; although an unbeliever might say, perhaps, it was the treatment that caused the death.

CASES OF WEAK HEART.--(New England Medical Monthly) Some cases have been recently reported which seem to establish the existence of such a condition and go to show the importance of the lesion from a clinical point of view. If there is proven

to be such a disease as weak heart, pure and simple, that is unassociated with other and more familiar pathological lesions, much which has heretofore been inexplicable will now have been made clear, and we shall be enabled to rightly interpret many symptoms which previously were of doubtful origin. No doubt every practitioner of considerable experience has observed cases which, though possessing the usual symptoms of cardiac disease, gave no evidence whatever of valvular lesion or cardiac degeneration. Cases also are not wanting, in which sudden emotion has resulted fatally, and this in persons who gave no evidence of heart lesion. This pathological condition has been considered by some as the result of various degenerations of the cardiac walls, as dilatation or fatty change. A careful physical examination, however, has in many cases failed to elicit any evidence of such lesions. Most physicians will be ready to accept this addition to the nomenclature of heart diseases, especially as our literature is so rich in instances which can be explained in no other way.

COCAINE VS. MORPHINE.—(Therapeutic Gazette) Smidt and Rank, physicians of a prominent German morphine institute, confirm the value of cocaine in the cure of the morphine habit (Berl. Klin. Woch., Sept. 14, 1885). Their testimony and conclusions are formulated as follows:

1. Cocaine is a highly useful and almost indispensable factor in the cure of the morphine habit. It facilitates and shortens the latter materially, without exerting any untoward secondary influence upon the patient.

2. The principle of the cure consists in exhibiting morphine in decreasing and cocaine in increasing doses.

3. Cocaine acts best when exhibited subcutaneously in five per cent. watery solution.

4. The ordinary dose is ½ gr., and may be increased to 1¾ gr., though 3 grs. ought not to be exceeded.

5. A cocaine habit has never been noted to occur.

TREATMENT OF CYSTITIS.—(Dr. F. Clenden in Therapeutic Gazette) "During the last few years I have had a number of cases of cystitis on my hands, in which I have used the following prescription with the greatest success: R. Tr. elaterium, ʒ j. to ʒ ij.; fl. ext. belladonna, gtt. xv to xxx; water, q. s., ad fl. ʒ iv. M. S. Teaspoonful every two or three hours.

With this treatment is usually combined a tea made from watermelon seed and elm bark. My failures with this treatment have been very few. In a few instances, where the case seemed somewhat rebellious, I have given the elaterium strong enough to get the cathartic effect of the drug. The specimen of elaterium from which the tincture is made should be perfectly pure, or the results cannot be depended upon. The way that I prepare the tincture is to exhaust 1 grain of elaterium in an ounce of pure alcohol, to which 4 drops of nitric acid have been added.

DIABETES CURED WITH BORIC ACID.—Dr. F. A. Monckton (in Australian Medical Gazette) reports a case of diabetes millitus successfully treated with boric acid, in 7-grain doses, three times a day. At the end of ten weeks the sp. gr. fell from 1.025 (sugar) to 1.016 (no sugar). The patient continues the drug. No unpleasant effect; no stringency in dietary regulations are or were observed.

SCIATICA—COCAINE HYPODERMICALLY.—One injection of 20 minims of a 4 per cent. solution of cocaine hydrochlorate into the deep tissues of the leg over the sciatic foramen, cured a desperate case of chronic sciatica; reported by Dr. W. B. Menz, in New York Medical Record.

EDITORIAL.

VACCINATION AS A PREVENTIVE AGAINST SMALL-POX.

We are firm believers in vaccination as a preventive of small-pox. However, we insist now, as ever in the past, that to be a sure protection vaccination must be thorough; not less than four insertions—that is, in four places in which the virus is inserted at one sitting. This method causes, often, very severe secondary symptoms, and the fever runs high. Often we have seen a large space around the place of vaccination much inflamed, and inflammatory products formed in the deep tissues. We have even seen suppuration and a kind erysipelas produced. These are sad effects, and often too severe and serious; nevertheless, all these, and more, are infinitely less dangerous to life and health than the risk to take small-pox.

Secondly. We think a good, thorough vaccination fully pro-

tective, is obtained from virus *one* remove from the cow. This humanized virus from a healthy young person is, in our opinion, to be preferred to the pure bovine virus on account of its mild nature; as with it, less danger of inflammation in the vaccinated parts is likely, and it is fully as secure in its results.

Thirdly. We have had a considerable experience with small-pox, and with the subject of vaccination. In many cases of attacks of small-pox, and varioloid, there has been wanting convincing evidence of thorough vaccination, in the appearance of the scar or scars on the limbs vaccinated. We have never seen a case of small-pox in any person who could show good, well-formed and pronounced scars—say three such on the person. One scar is not to be trusted; two is but little better as a protection.

Fourthly. Re-vaccination is necessary in a large number of instances. No man can say how long the protection of vaccination will last. When well and thoroughly done, it may last for a lifetime; yet we must not place an overweaning trust in its lasting always. As long as vaccination is a preventive, as long as its influence lasts in the system, we are bound by reason and humanity to make use of it. Re-vaccination is always to be thought of; if it fails to work, then you are sure you are safe against small-pox for the time being. We have seen re-vaccination fail one year and take and work splendidly the next year; hence it shows the kind of dangerous ground we stand on when re-vaccination is refused.

Fifthly. Compulsory vaccination is a barbarism, and should be resisted. The good sense of people, and the evidence the medical profession can produce, going to prove the comparitive certainty of protection against small-pox, should be sufficient to insure its popularity. Enough facts are always at hand to prove the security thorough vaccination affords against small-pox. On the other hand, a great deal of vile trash is often used to vaccinate the people, and a world of harm is now and then done. Some cases of other diseases of a loathsome nature have occurred as a result of careless vaccination. With these facts before us, we pronounce compulsory vaccination a barbarism.

Sixthly. We believe that people who resist or refuse vaccination and thus contract small-pox should be isolated by the law; compelled to enter into seclusion from the rest of the world, or be taken care of forcibly by the legal authorities, as a protection to the remainder of society.

ulty, as was well shown by the wide-spread expression of sympathy for the Professor by our students, and the many visits made him during his confinement. Prof. Durham, though comparatively a young man, has already made a good record.

CLOSE OF THE TERM is at hand, we never held a more pleasant, prosperous or profitable term than this, 1885–6. The class has been large and composed of the best material of the South. Young men of good families, well educated, and gentlemen in every particular.

We have had excellent attention; promptness on the part of the Faculty; hard work in all directions, and all the dissection material we needed. Besides these, the Eclectics of the South are united and strong, and as a result, the cause of medical education in the South is prosperous. The graduating class will, as usual, be a credit to the careful mother.

VICK'S FLORAL GUIDE for 1886 is before us, and a magnificent book it is too, a real gem in fine art. With it is bound the January number of Vick's Monthly Magazine, so that people may have a sample copy of that excellent monthly to judge of its many merits. By-the-way, we beg our readers to note that Vick's flour seeds have no equal in America. He is a liberal man, gives a generous lot in return for the money, and you are sure to get the finest flowers from his seeds.

Write to James Vick, Rochester, N. Y., and mention this Journal. We will send our Journal and Vick's Monthly for $2 50; regular price is $3. See his advertisement.

MEDICAMENTS THAT INCREASE THE ELIMINATION OF UREA.—All medicaments that increase the activity of the protoplasm of the hepatic units also favor the increased production of urea. Some cholagogues—as podophyllum, iris versecola, euonymus, apocynum cannabinum—are active stimulants of the liver protoplasms. When administered in medicinal doses, never large enough to produce catharsis, only indirectly through the increase of bile poured out into the duodenum, as one of the results of cholagogue action. Any medicament that increases this activity of the circulation through the liver also favors increased formation of urea. Benzoate of soda and nux increase the activity of the portal circulation. Under this activity, the protoplasmic elements are highly stimulated, for we find the hepatic artery carrying more blood to the liver, and rapidly passing its blood on

into the intra lobular veins. It is when the activity of the metabolic function of the protoplasm of the hepatic cell is enhanced by the nourishment derived from arterial blood, that the portal blood is purified and its nitrogen components that are in nature effete are removed as urea. Urea has a double source; one is primarily in the liver from the portal blood; the other is from breaking down of levering tissue in the physiological wear and tare of the system, and probably is brought by the hepatic artery. Podophyllin, combined with soap or soda, is a powerful provocative or urea elimination. All renal and hepatic remedies that promote the elimination of solids, should be administered with abundance of water or mild teas to act as sluices.

DIGITAL COMPRESSION of the phrenic and pneumogastric nerve is recommended as a speedy and sure cure for hiccough. We find in the Medical Review an article from Bull. Gen. de Therap. and Cincin. Med. News, on this topic. Four or five centimeters of the inferior clavicular portion of the sterno cledomastoid muscle lie directly on the two nerves, this is the part selected, guided by the pulsations of the corotid. The thumbs and index finger are used on either side, symmetrically applied pressure sufficiently strong to cause the spasm to disappear. One or two minutes as, a rule, sometimes less, are sufficient; meanwhile the patient's hand must be kept immovable.

HOW TO treat a bubo, is a question often put to us. Opening the bubo? No. We have long ago discovered and have taught our class for several years, to draw off the pus with an aspirator, and in the absence of one, to use the ordinary hypodermic syringe for this purpose in this way. After the pus is removed we inject an ethereal sol. of iodo. into the abscess, the ether is absorbed and the iodo. is very evenly deposited on the walls of the abcess. Then we paint the bubo with collodion in which iodoform is dissolved; apply several coats. These, as they dry, contract and compress the bubo, so we have the benefit of pressure in addition to that of the iodoform stimulant, antiseptic action inside. Under this treatment the sores on the penis heal more regularly and rapidly. This practice is better than the slashing one.

NUX AND HYDRASTIS should go together in atonic dyspepsia. An extract of hydrastis, made with water and glycerene, boiling for a while, extracts the active principles—yellow and white—from the *crushed* root. We use 8 grs. of root to water 2 parts, glycerine 1 part (40 ozs.); boil till reduced to 22 fl. ozs.; then strain, express and filter; about 20 ozs. will be obtained. Ten drops of this and 5 drops of nux make an average dose. This combination does good in a larger number of cases of catarrh of the stomach and duodenum than any other treatment.

THE NATIONAL.—From the day it was announced that the National Association would be held in Atlanta, Ga., a lively interest was awakened in Eclectics of the North as well as the South, and this interest deepens and spreads every day. We have shown heretofore what great things the National has already done for Eclecticism. From the year it was organized—1870—till the present Eclecticism has grown more and more popular. The National has given us a high character, and placed us on a commanding eminence before the world, and has done more to advance the cause of Liberal Medicine than the labors of all the colleges and journals combined. The National will do more for Eclecticism in the South than any other influence could achieve in years of work, and the Southern States will be represented in full force by our best men. We are not lacking in good, first-class material, as the next meeting of the National will show conclusively. It is appreciation of this fact that has engendered in our Northern brethren a desire to come to Atlanta, to make acquaintances and promote more intimate and extended intercourse and union with their Southern brethren, for the formation of a more perfect union of all the liberal and progressive men in the medical profession. The National has become a mighty, a noble, a pure and lofty organic combination of all the best principles and noblest motives in Liberal Medicine; nor can the sordid, selfish or jealous avarice of any set of men rule it. The men who make haste to belittle the influence of the National, reveal themselves a desert waste.

OMINICO.—Antiseptic, Prophylactic, Disinfectant. Manufactured by S. W. Neuer & Co., Chemists, No. 10 Cedar street, New York City. Dr. Beam, of Jonstown, Pa., speaks highly of the excellent properties of this preparation. Write to the manufacturers for a sample and mention the Georgia Eclectic Medical Journal. See their advertisement in this Journal.

THE AMERICAN ISRAELITE, published in Cincinnati, Ohio, in the interest of the liberal and progressive wing of American Israelites. This is a very ably and tersly edited paper. We hold it in high esteem. We are always supporters of liberal and progressive principles in all departments of life.

I have used Peacock's Bromide in my practice with success. A little girl of 12 years had been afflicted with epilepsey since she was three months old, having epilectic convulsions nearly every day until I put her on Peacock's Bromines. Since then she has not even had a symptom of one. It is surely a great remedy. JEFFERSON WILCOX, M.D., Hazlehurst, Ga.

I have much pleasure in bearing testimony to the remedial effects of Peacock's Fucus Marina. I am better pleased with its action than anything I have ever used as an antidote to malarial poisoning. J. T. HERNDON, M. D., Keysburg, Ky.

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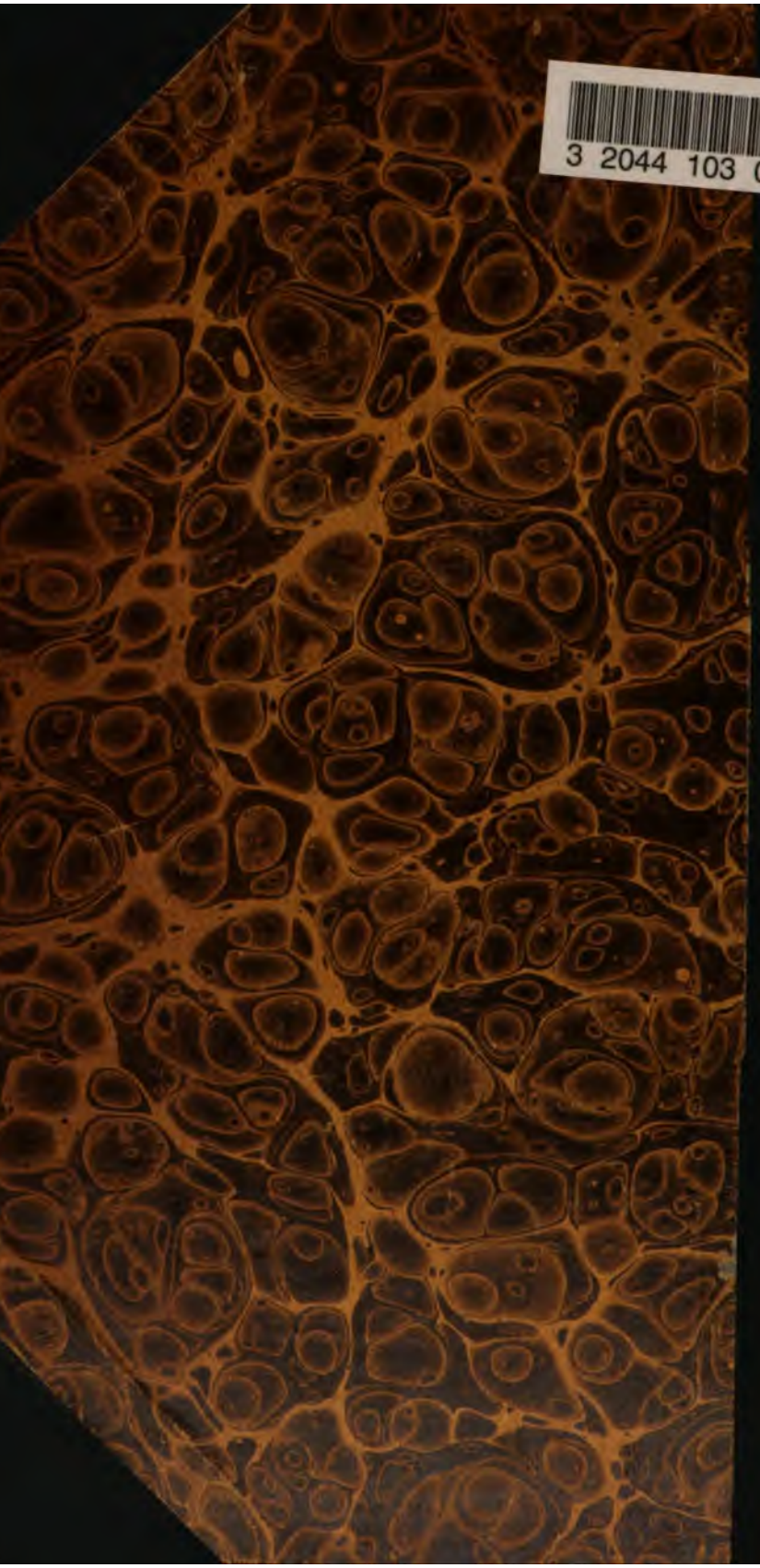
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